DEPT.- 65

JOB- 21

REEL- 21

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

WP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KF 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—5-19-13—M. & T.—500 Blks.

C91700

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91700

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 S Linwood ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maciej Motarski

(Residence in Baltimore: No. 741 S. Linwood Ave. St.; 66 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, February (Month) 22 (Day) 1849 (Year)

7-AGE, 66 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (day)
(b) General nature of industry, business, or establishment in which employed (or employer): Can Factory

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Motarski

(Address) 741 S Linwood

15-

Filed JAN 31 1916, 191.

CHARLES M. STADTMAN

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan. (Month) 26 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1915, to Jan 26 1916, that I saw h— alive on Jan 26 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) ..... yrs. Months ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Jannopoulo M. D.

Jan 26, 191 6 (Address) 2431 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	January 28, 1916.
20-UNDERTAKER	ADDRESS
Wendell Appel & Son	218 Amm St

Spec.—8-24-14—M. & T.—2000 Bks.

C91701

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91701

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Duke Alley ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Ciolola

(Residence in Baltimore: No. 1106 Duke Alley St.; ..... yrs. 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. 25th, 1915. (Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Carmine Ciolola

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Donetta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carmine Ciolola

(Address) 1106 Duke Alley

15-

Filed JAN 27 1916, 191.....

JAMES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 25 1916, that I saw h— alive on Jan 25 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 27, 1916. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Jan. 27, 1916

20-UNDERTAKER Grudell Driffel & Son

ADDRESS 330 E. Bond St.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state exactly what is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91702 — 56 C91702

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Comet St. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Sanders.

(Residence in Baltimore: No. 1136 Comet St. St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... 1 ..... (Day) ..... (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Born in Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Gistie Heath

(Address) 1136 Comet St.

15- Filed JAN 27 1916 191 CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 24-1-1916, to 26-1-1916, that I saw her alive on 25-1-1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Heart Failure

about 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Thos. Field Hays M. D.

1/27/1916 (Address) 1130 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 28, 1916

20-UNDERTAKER Robert A Elliott ADDRESS 506 E Lan Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91703 C91703

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (CITY OF BALTIMORE: No. 817 Fiesen ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Tidings

(Residence in Baltimore: No. 817 Fiesen St.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-STATE, WHETHER SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Nathaniel Peck

11-BIRTHPLACE OF FATHER (State or Country), Bal- Md

12-MAIDEN NAME OF MOTHER May Davis

13-BIRTHPLACE OF MOTHER (State or Country), Bal- Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Davis

(Address) 5 Hoff Biddle st

15- JAN. 27 1916 CHARLES M. SINCLAIR. 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 25 (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 25 1916, that I saw h[er] alive on Jan 25 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

..... (Duration) ....yrs. 3 mos. ds.

(Signed) Jno. H. Tomasseo M. D.

Jan 27, 1916 (Address) 121 9 Dunn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Int- Huntonian

DATE OF BURIAL, Jan 28 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East 24

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91704

10

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91704

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fry

(Residence in Baltimore: No. 225 N Chapel St.; Inhuman. yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH Dec 31 (Month), 1837 (Day) (Year)

7-AGE, 78 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rob Fiers

(Address) 1240 Edward Av

15- CHARLES M. SINCLAIR.

Filed JAN 27 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 24 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 1140 P m.

The CAUSE OF DEATH* was as follows:

Lagrippe Pneumonia Broncho

Heart

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) 7 yrs. mos. 7 ds.

(Signed) D. G. W. Kennard M. D.

Jan 26, 1916. (Address) 708 E Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laural Cem

DATE OF BURIAL. Jan 28, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 1306 East Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91705

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

Registered No. C 91705

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 112 w North Ave St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Sidney Blossom

(Residence in Baltimore: No. 112 w. North Ave St.: 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH Nov. 12, 1905
(Month) (Day) (Year)

7-AGE 10 yrs. 2 mos. 14 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) School Child

9-BIRTHPLACE (State or country) Nice, France

PARENTS

10-NAME OF FATHER Frederick A Blossom

11-BIRTHPLACE OF FATHER (State or country) N.Y.

12-MAIDEN NAME OF MOTHER Alice S Morrison

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J.A. Blossom

(Address) 112 w. North ave

15 Filed JAN 27 1916, 19

CHARLES M. SINCLAIR.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to Jan 26 1916.

that I saw her alive on Jan. 26, 1916.

and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia,

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Grip -

(Duration) yrs. mos. 6 ds.

(Signed) A.F. Robinson M. D.

Jan. 27, 1916 (Address) 141 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Jan 27, 1916

20-UNDERTAKER Chas E Brough | ADDRESS 807 Madison

091705

HEALTH DEPARTMENT—CITY OF BALTIMORE

091706

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Kennedy Ave. ST.) 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton J. Dietz

(Residence in Baltimore: No. 1 N Kennedy Ave. St.; 49 yrs., 7 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 5th, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter 218
(b) General nature of industry, business, or establishment in which employed (or employer): Employed on Buildings

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Dietz

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Caroline Raw

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Brown

(Address) No 1 N. Kennedy Ave

15- CHARLES M. SINCLAIR.

Filed ..... 191.....

Registrar.

JAN 27 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915, to January 25 1916, that I saw h[im] alive on January 23 1916, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. 2 mos. ds.

(Signed) Walter Thomas M. D.

Jan 25th 1916 (Address) 1778 N. Caroline.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Poly Protestant Cemetery	Jan. 28, 1916
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91707

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91707

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Kennedy

(Residence in Baltimore: No. 1026 Hillman St.; 21 yrs., 7 mos. 28 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1894 (Year)

7-AGE, 21 yrs. 7 mos. 28 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver in Tr
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto City Water Dept

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Dennis Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary O'Connor

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Dennis Kennedy

(Address) 1026 Hillman St.

15-

Filed....., 191.....

JAN 27 1916

CHARLES M. SUMMERLAIN. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-15 191 6, to 1-26 191 6, that I saw h- alive on 1-25 191 6, and that death occurred, on the date stated above, at 6 15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr Bernard Wise M. D.

1-31, 191 6 (Address) 914 Bidd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL, Jan. 29, 1916

20-UNDERTAKER Kelly Hoch & Sons

ADDRESS 130 E Eager St.

N. B.—Every item of information should be carefully supplied. ACF should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 lbs.

C91708 HEALTH DEPARTMENT—CITY OF BALTIMORE C91708

CERTIFICATE OF DEATH. ×109

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kisling

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., 3 hrs. mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH Unknown ....., ... (Month) ..... (Day) 1 ..... (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer) ..... own Farm

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dean

(Address) Mount St Belair Md

15-

Filed JAN 27 1916, 191.. CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-26 1916, to 1-27 1916, that I saw h alive on 1/27 1916, and that death occurred, on the date stated above, at 2.10 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary)

Acute Nephritis (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) William R. Johnson M. D.

1/27, 1916 (Address) Belair, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Hebrew Hospital

At place of death ..... yrs. 3 hrs. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Belair Md.

19-PLACE OF BURIAL OR REMOVAL, Belair Md — DATE OF BURIAL, Jan 28, 1916

20-UNDERTAKER James J Hopkins — ADDRESS 516 Wilson St.

C91709

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C91709

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Astured ST ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Calvert Ringgold

(Residence in Baltimore: No. 831 Astured St St.; 9 yrs. 9 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 4 (Day) 1914 (Year)

7-AGE: 1 yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Samuel Ringgold

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Georgia Carter

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May Turner

(Address) 831 Astured St Daughter

15- CHARLES M. SINCLAIR.

Filed JAN 27 1916, 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1915 to, Jan 26 1916, that I saw h-im alive on Jan 26 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 2 yrs 1 mos. 9 ds.

Contributory (SECONDARY) Bronche-pneumonia

(Duration) 2 yrs 1 mos. 14 ds.

(Signed) Bernard Finch M. D.

1-27- 1916 [Address] 1707 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn et — DATE OF BURIAL: Jan 28 1916

20-UNDERTAKER: J L Brown & Son — ADDRESS: 108 Fremont

Spec.—1-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91710 C91710

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Lanham ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Jackson

(Residence in Baltimore: No. 1019 Lanham St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Infant

6-DATE OF BIRTH, April 7, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Joseph Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura White

(Address) 1017 Lanham St.

15-

JAN 27 1916 Filed, 191 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to Jan 26 1916, that I saw h~~im~~ alive on Jan 26 1916, and that death occurred, on the date stated above, at 4 50 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. R. Stadtlander M. D.

1/27, 191 6 (Address) 117 W. Camden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Fulton Cemet — DATE OF BURIAL, Jan. 28, 1916.

20-UNDERTAKER Charles B. Jones — ADDRESS 1118½ Baker St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9171 C9171

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Forrest St.: 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Johnston

(Residence in Baltimore: No. 1004 Forrest St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 1st, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Peter McKenna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget McGarty

12-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Johnston

(Address) 1004 Forrest St.

15- Filed JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 25 1916, that I saw h-- alive on Jan 25 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. 1 ds.

(Signed) James M Kenton M. D.

Jan 26 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 28, 1916

20-UNDERTAKER John H Corman & Co ADDRESS 901 Hollins

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-24-14—M. & T.—1000 lbs. Emma B. Hush.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91712

CERTIFICATE OF DEATH.

28 C91712

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Appleton St.; 21 WARD)

REGISTERED NO. C

2-FULL NAME Emma B Hush

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 326 S. Appleton St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown; (Month) (Day) 1890 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Henry Bauer

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary E. Thomas

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Hush

(Address) 326 S. Appleton St.

15-JAN 27 1916 ROBERT F. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Jan 26 1916, that I saw h[illegible] alive on Jan 26 1916, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

Duration yrs. mos. 3 ds.

(Signed) R. P. Campbell M. D.

Jan 26, 1916 (Address) 1600 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet

DATE OF BURIAL, Jan. 29, 1916

20-UNDERTAKER John Herman & Son

ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRINT PLAINLY WITH INDIA INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

091743 8 64 091713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 E. Preston ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Wooden

(Residence in Baltimore: No. 1521 E Preston St.; 19 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Widow

6-DATE OF BIRTH, Aug. 15, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Philip Senger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Minnie Wooden

(Address) 1521 E. Preston St.

15- Filed JAN 27 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 – 1915, to Jan. 26 – 1916, that I saw her alive on January 25 – 1916, and that death occurred, on the date stated above, at 4 45 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, right side due to Hemorrhage

(Duration) ... yrs. 8 mos. 23 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin B. Fenby M. D.

Jan. 26, 1916. (Address) 223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan. 29, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91714

CERTIFICATE OF DEATH.

10

REGISTERED No. C91714

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 W. German ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paula Isensee

(Residence in Baltimore: No. 721 W. German St.; 3 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January (Month) 6 (Day), 1888 (Year)

7-AGE, 28 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Max Poser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Isensee

(Address) 430 N Fremont

15- JAN 27 1916 Filed....., 191.... ROBERT . BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 6th 1916, to Jan 25 1916, that I saw her alive on July 25 1916, and that death occurred, on the date stated above, at 630A m.

The CAUSE OF DEATH* was as follows:

Acute Diphtheria

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lafrippe

(Duration) yrs. mos. 20 ds.

(Signed) H. Kolb M. D.

Jan 26, 1916. (Address) 1117 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cemetery — DATE OF BURIAL Jan 29, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91715

CERTIFICATE OF DEATH.

120

C91715

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Bolton ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Wallace Cumming

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1534 Bolton St.; 19 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 13, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Wallace Cumming

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER, Harriet V. Alexander

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. H. Kerr

(Address) 534 Bolton St.

15- Filed JAN 27 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to 8.35 pm Jan 26 1916, that I saw him alive on Jan 26 1916, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Hypocarditis

Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Septicaemia

unknown time

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. R. Boggs M. D.

Jan 27, 1916 (Address) 21 W. Clay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ——— ———

Former or usual residence ———

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Jany 28 1916.

20-UNDERTAKER Stewart & Morin Co.

ADDRESS 108 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91716

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91716

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Mount ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Bennett

(Residence in Baltimore: No. 528 N. Mount St.; 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Bennett

(Address) 528 N. Mount St.

15- ROBERT . KRAUTER, Burial Permit Clerk.

Filed JAN 27 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1916, to Jan. 26, 1916, that I saw h[illegible] alive on Jan. 26 1916, and that death occurred, on the date stated above, at 2.55 p.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 1 day

(Duration) yrs. mos. ds.

(Signed) C. K. Davis M. D.

Jan 27, 1916. (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Jan 28, 1916.

20-UNDERTAKER C. O. Groll

ADDRESS Thos McElderry

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-24-14—M. & T.—2000 Bks.

C91717

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91717

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 n Caroline ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schaired

(Residence in Baltimore: No. 614 n Caroline St.; ..... yrs., ... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	single

6-DATE OF BIRTH, June 10, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, William Schaired

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Emma Jones

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jones

(Address) 614 N Caroline St

15- Filed JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 27, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1916, to June 27 1916, that I saw h[illegible] alive on June 26 1916, and that death occurred, on the date stated above, at 7 am

The CAUSE OF DEATH* was as follows:

Prematurity Found dead

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Edward D Jones M.D.

June 27 1916 (Address) 614 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	June 28 1916

20-UNDERTAKER A G Trout ADDRESS 1405 Mc Elderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

Edward J. Madison

C91718

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91718

CERTIFICATE OF DEATH.

10

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Dallas St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Madison

(Residence in Baltimore: No. 816 N Dallas St

St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, [illegible], 1831.
(Month) (Day) (Year)

7-AGE, 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, White washing
(b) General nature of industry, business, or establishment in which employed (or employer), Laborer

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Madison

(Address) 816 N Dallas

15- FILED JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 24 1916, to Jan 26 1916, that I saw h[illegible] alive on Jan 24 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) P. Eddy M. D.

Jan 27 1916 (Address) 1W. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 28 1916

20-UNDERTAKER Chas. H. Bowerman ADDRESS 1200 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (91719)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. Sharp ST.; 23 WARD) REGISTERED NO. C

2-FULL NAME Jane Queen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 816 S. Sharp St.; 73 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Payne

(Address) 769 Georgia

15- Filed JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 26 1916, that I saw her alive on Jan 25 1916, and that death occurred, on the date stated above, at 6a, m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Labor)

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 14 ds.

(Signed) C. H. Howard M. D.

Jan. 27 1916. (Address) 712 S. Sharp St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bonnet Bros

DATE OF BURIAL, Jan 28, 1916

20-UNDERTAKER Jam's H. Barton

ADDRESS 1100 Hoo Hooker

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91720

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E Monument ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathias H. Leimbuhler

(Residence in Baltimore: No. 2021 E. Monument St.; 67 yrs., 10 mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, March 15, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop.

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Albert Leimbuhler

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia F. Leimbuhler

(Address) 2021 E. Monument St.

15- JAN 27 1916 HUSBAND, PRACTICE. Burial Permit Clerk.

Filed ....., 191.... JAN 27 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 25 1916, that I saw h.. alive on Jan 25 1916, and that death occurred, on the date stated above, at 9 55 p. m.

The CAUSE OF DEATH* was as follows:

Pleura - Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. F. Hutton M. D.

Jan 27, 1916. (Address) 1711 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Jan. 28, 1916.

20-UNDERTAKER: Lilly Zeiler | ADDRESS: 4038 Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91721 92 C91721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 217 S. Bentalou ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah Holland

(Residence in Baltimore: No. 217 S Bentalou St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-(SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 17th, 1830 (Month) (Day) (Year)

7-AGE, 85 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Holland

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary L Kohler

(Address) 2744 Wilkens ave

15- JAN 27 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 21 1916, to Jany 25 1916, that I saw h[illegible] alive on Jany 24 1916, and that death occurred, on the date stated above, at 4[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Wm A Steele M. D.

Jany 26 1916 (Address) 108 N. Bultimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, JAN 28 1916

20-UNDERTAKER Geo A Gerting ADDRESS Baltimore Md

N. B.—Every item of information should be carefully supplied. A WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91722 — 83 C91722

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Eutaw St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Kelly

(Residence in Baltimore: No. 605 N. Eutaw St. St.; 45 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 19, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 8 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Meat Wagon

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, Peter Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Cuddy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Kelly

(Address) 605 N. Eutaw St.

15- Filed JAN 27 1916 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1916, to Jan 27 1916, that I saw him alive on Jan 27 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Eight days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy with Effusion

(Duration) yrs. mos. ds.

(Signed) Thomas J. Kelly M. D.

Jan 27, 1916. (Address) City Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death? 605 N. Eutaw St.

Former or usual residence 605 N. Eutaw St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Jany 31, 1916
20-UNDERTAKER Robt Skinner	ADDRESS 1402 W. Bway

N. B.—Every item of information should be carefully supplied. ACCURATE AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91723

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91723

CERTIFICATE OF DEATH

151

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1041 N Gilmor ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Connelly.

(Residence in Baltimore: No. 1041 N Gilmor St. St.: yrs. mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 15 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 12 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md Balto

PARENTS

10-NAME OF FATHER: Lee Connolly

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth McAndrews

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Connelly

(Address) 1041 N Eutaw St

15- FILED JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to Jan 27, 1916, that I saw h[er] alive on Jan 6, 1916, and that death occurred, on the date stated above, at 10.00 a m.

The CAUSE OF DEATH* was as follows:

Prematurity (3 mos)

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) George L Durand M. D.

Jan 27, 1916 (Address) 721 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 28, 1916

20-UNDERTAKER: Martin Fahey Son — ADDRESS: 46 Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91724

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C91724

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616) ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate R. Watts.

(Residence in Baltimore: No. 616 Smith St.; 56 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1859 (Year)

7-AGE: 57 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: unknown.

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. F. Booth

(Address) 26 Keller Ave

15- Filed JAN 27 1916 191 HOMERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 1916, to Jan 26 1916, that I saw h-r alive on Jan 26 1916, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 3 yrs mos. ds.

Contributory (SECONDARY) Glomerulo Nephritis

(Duration) yrs. mos. 5 ds.

(Signed) J. Baldwin Jacobs M. D.

Jan 26 1916. [Address] 847 N. Fremont

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 30th 1916

20-UNDERTAKER: Graham F. Waver — ADDRESS: 23 W. Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91725

CERTIFICATE OF DEATH.

50 C91725

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W. Lee ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis. N. Snyder

(Residence in Baltimore: No. 625 N. Lee St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 11 (Month), (Day), 1874 (Year)

7-AGE, 41 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Canning
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paine Salmon Co

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Andrew Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Snyder

(Address) 625 N. Lee St

15- Filed JAN 27 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1916 to Jan 27 1916, that I saw h[illegible] alive on Jan 26 1916, and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Dilatis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 0

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Jan 27, 191.6. (Address) 914 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Jan 29, 191.6

20-UNDERTAKER [illegible] Jno. W. Tempel

ADDRESS 811 N. Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C 91726

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Park Heights Ave ST.; 45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ofanchen Lichtenthal

(Residence in Baltimore; No. 3917 Park Heights Ave St.; 60 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, February 18, 1826 (Month) (Day) (Year)

7-AGE, 89 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Israel Hertzberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Heyn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. S. Futerman

(Address) 2406 Eutaw Ave

15- JAN 27 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 24 1916, to January 2 1916, that I saw h[illegible] alive on January 26 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. mos. 1 ds.

(Signed) A. K. A. Mayer M. D.

1-27, 1916 (Address) 2438 Gilbert Block

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai Cem

DATE OF BURIAL, 1-28, 1916.

20-UNDERTAKER J. H. Freund & Co

ADDRESS 1611 Mad Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C91727

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91727

CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie M Gillen

(Residence in Baltimore: No. 1300 Hanbert St St.; 25 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, April 21, 1879 (Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 27 1916, 191.. ROBERT . KRAUTHOFF, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 1916, to January 26 1916, that I saw her alive on January 26 1916, and that death occurred, on the date stated above, at 6 45 a. m.

The CAUSE OF DEATH* was as follows:

Cirr Kosis Hepatis

(Duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. P. Mason M. D.

Jan 26, 191.6 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1300 Hanbert St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan. 28, 191.6
20-UNDERTAKER H. J. M. Lynn	ADDRESS, 1422 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91728 C91728

159

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 ... St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ...

(Residence in Baltimore: No. 228 ... St.; yrs., 40 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb 25th, 1853
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 11 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) ... Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Anton Robine
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER Anna Wood
13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine McGuire

(Address) 228 Carlton

15- JAN 27 1916 Burial Permit Clerk

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward J. Kane M. D.
(Coroner.)

Jan 27, 1916 (Address) 22 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cemetery DATE OF BURIAL, Jan 30 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

C91729 C91729

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hosp. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Lutz

(Residence in Baltimore: No. 1610 Walker St St.; 5 yrs. 2 mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November 16, 1910 (Month) (Day) (Year)

7-AGE: 5 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Daniel Lutz

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Bertha Heylock

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) I Daniel Lutz

(Address) 1610 Walker St

15- ROBERT J. KRAUTER, JAN 27 1916 Burial Permit Clerk
Filed ....., 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 26 16, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1916, to, Jan 26, 1916, that I saw h[illegible] alive on Jan. 26, 1916 and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebrospinal Meningitis

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY) ..... (Duration) — yrs — mos. — ds.

(Signed) M. B. Lavine M. D.

Jan. 26 1916. [Address] Hebrew Hosp

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death — yrs — mos 7 ds. In the State 5 yrs — mos — ds.

Where was disease contracted, if not at place of death? 1610 Walker St

Former or usual residence 1610 Walker St

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Jan 29, 1916

20-UNDERTAKER: Christian Miller

ADDRESS: 2534 Jefferson St

C91730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C91730

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrett Hospital for Children ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fitzsimmons

Residence in Baltimore: No. 3242 Hafford St.; X yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1915 (Year)

7-AGE, 0 yrs. 7 mos. 1 ds. If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Bernard J. Fitzsimmons

11-BIRTHPLACE OF FATHER (State or Country). Providence, R. I.

12-MAIDEN NAME OF MOTHER Rose Cinning

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Warren Toney, M. D.

(Address)..... 27 N. Carey St.

15-

Filed JAN 28 1916 CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 27 1916, to January 27 1916, that I saw her alive on January 27 1916, and that death occurred, on the date stated above, at 12.20 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Enteritis

(Duration) 0 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) yrs. mos. 21 ds.

(Signed) Warren Toney M. D.

Jan 27., 1916. (Address) 27 North Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1/24 ds. In the State 0 yrs. 7 mos. 1 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 3242 Hafford St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan. 28., 1916.

20-UNDERTAKER Charles H. Dill ADDRESS 3109 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91731

CERTIFICATE OF DEATH.

C91731

8 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Cohen

(Residence in Baltimore: No. 1400 East Fairmount Ave. St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer Rimes

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Rhalp

(Address) Johns Hopkins Hosp.

15-Filed JAN 28 1916, 191.....

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 17 1915, to Jan 28 1916, that I saw her alive on Jan 28 1916, and that death occurred, on the date stated above, at 1006 m.

The CAUSE OF DEATH* was as follows:

Central Stenosis + Insufficiency

..... (Duration) Since yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia - Right

Hydrothorax (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) John G. Murray Jr. M. D.

Jan 31, 1916 (Address) 1 HKH

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 11 ds. In the State ..... yrs. ✓ mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1411 E. Fairmount Ave.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Jan 29, 1916

20-UNDERTAKER Jack Levin — ADDRESS 1419 E Bltd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91732

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

C91732

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1717 W Lafayette St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace E Morris

(Residence in Baltimore: No. 1717 W. Lafayette Ave St.: 41 yrs. 5 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 30 (Month) (Day), 1874 (Year)

7-AGE: 41 yrs. 5 mos. 26 ds. If LESS than 1 day, ... hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Book

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo. M

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Mary Ritzius

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Morris

(Address) 1717 W Lafayette Ave

15-Filed JAN 28 1916 CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 25 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1915, to Jan 25 1916, that I saw him alive on Jan 24 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Leukaemia

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) General Exhaustion

(Duration) yrs. mos. ds.

(Signed) E. Olive Murray M. D.

Jan 28, 1916 (Address) 1271 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 28, 1916

20-UNDERTAKER: Chas E. Brandt

ADDRESS: 802 Madison

C91733

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

91

C91733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1578 Ramsey St.; 19 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Harry Clay Burke Jr

(Residence in Baltimore: No. 1578 Ramsey St.; 1 yrs. 10 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Jan 8 (Month) (Day) 1914 (Year)

7-AGE: 1 yrs. 10 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... mn.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: Harry Clay Burke

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Anna Marie Byrnes

13-BIRTHPLACE OF MOTHER (State or country): Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. C. Burke

(Address) 1578 Ramsey St.

15- Filed JAN 28 1916 CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 27th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1916, to, Jan 27th 1916, that I saw h~~im~~ alive on Jan 27th 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) — yrs — mos. 1 ds.

Contributory (SECONDARY): Bronchio-Pneumonia

(Duration) — yrs — mos. 9 ds.

(Signed) Wm J. F. Blaney M. D.

Jan 27, 1916 [Address] 110 S. Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Not Allowed Com

DATE OF BURIAL: Jan 29, 1916

20-UNDERTAKER: William Cook

ADDRESS 502 E. North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916 C 91731

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 825 Small St.: 9 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Murnane

(Residence in Baltimore: No. 2626 Fairy St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Aug 13th, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 6 mos. 13 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Whitewasher

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.
10-NAME OF FATHER, Patrick Murnane
11-BIRTHPLACE OF FATHER (State or Country). Ireland
12-MAIDEN NAME OF MOTHER Alice Connors
13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. L. Wiedefeld
(Address) 914 Fairmount Ave

15-
Filed JAN 28 1916, 191 CHARLES M. SINCLAIR
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found Dead Jan. 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found dead on street

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Jan 27, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, L. A. Wiedefeld. DATE OF BURIAL, 914 Fairmount Ave, 191

20-UNDERTAKER [illegible] ADDRESS Jan 29-1916

Spec.—8 29 14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91735 54 C91735

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 E. Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. White

(Residence in Baltimore: No. 1616 E. Biddle St.; 59 yrs. 7 mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 31, 1856. (Month) (Day) (Year)

7-AGE, 59 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Spice Miller mfr.
(b) General nature of industry, business, or establishment in which employed (or employer): Parrish Bro.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Arthur White

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jeanette Glenn

13-BIRTHPLACE OF MOTHER (State or Country), Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fannie White.

(Address) 1616 E. Biddle St.

15-

Filed....., 191.....

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 27 1915, to Jan. 26 1916, that I saw him alive on Jan. 26 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

.....

.....

..... (Duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Kemp M. D.

Jan. 27, 1916 (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Jan. 30, 1916.
20-UNDERTAKER	ADDRESS
Henry Hoen & Son	1301 E. Eager St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91736 — 92 C91236

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 266 Robert ST.: 14 WARD)
2-FULL NAME Mary James Bishop
(Residence in Baltimore: No. 266 Robert St.: 30 yrs. ? mos. ? ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow
6-DATE OF BIRTH, January (Month) 4 (Day), 1852 (Year)
7-AGE, 64 yrs. 0 mos. 23 ds.
If LESS than 1 day, ...hrs. or.....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, David Bowen
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Mary Cropper
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Edith G. Cropper
(Address) Asbury Park N. J.

15- JAN 29 1916
Filed....., 19..
CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan....27...., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 27 1916, that I saw h sr alive on Jan 27 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

.....
.....
Acute Lobar Pneumonia
..... (Duration) ...yrs. ...mos. 3 ds.
CONTRIBUTORY (Secondary) Influenza
..... (Duration) ...yrs. ...mos. 10 ds.
(Signed) J. T. Holland M. D.
Jan 27, 1916 (Address) 1424 Linden Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Snow Hill Worcester Co Md. DATE OF BURIAL, Jany 29 1916
20-UNDERTAKER Stewart & Mowen Co ADDRESS 1082 W. North Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER; WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C91737 C91737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2820 O'Donnell. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fortsch

(Residence in Baltimore: No. 2830 O'Donnell. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 20 (Day) 1842 (Year)

7-AGE, 73 yrs. 8 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Fortsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Fortsch

(Address) 2830 O'Donnell St.

15-

CHARLES M. SINCLAIR

Filed ....., 191.....

JAN 27 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 191 6, to Jan 25 191 6, that I saw h... alive on Jan 25 191 6, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

(Signed) H. B. Talbot M. D.

Jan 27, 1916 (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. .... mos. .... ds. In the State.... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Am. DATE OF BURIAL, Jan 29, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Mesp...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

C91733 C91738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Forrest ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Annello

(Residence in Baltimore: No. 408 Forrest St.; ....yrs., ...mos. 2 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Wife

6-DATE OF BIRTH, Jan 4, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), City (Baltimore)

PARENTS.

10-NAME OF FATHER, John Annello

11-BIRTHPLACE OF FATHER (State or Country), Sicily

12-MAIDEN NAME OF MOTHER Theresa Lysia

13-BIRTHPLACE OF MOTHER (State or Country), Sicily

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Annello

(Address) 408 Forrest St

15- Filed ..... 191.....

CHARLES M. SINCLAIR, Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 191.., to Jan 27 1916, that I saw her alive on Jan 26 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm G. Christian M. D.

Jan 28, 1916 (Address) 1038 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem. DATE OF BURIAL, Jan 28, 1916.

20-UNDERTAKER Tully & Zeile ADDRESS 403 N Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 E 91.739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hospt. ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Denny

Residence in Baltimore: No. 715 N. Rose St. St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 28 (Month) (Day), 1859 (Year)

7-AGE, 56 yrs. 11 mos. 29 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor 751
(b) General nature of industry, business, or establishment in which employed (or employer): Worked for Glass Manf. Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George B Denny

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Elizebeth McManus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Denny

(Address) 715 N. Rose St

JAN 28 1916 ROBERT . KRAUTER,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21st 1916, to Jan. 28th 1916 that I saw him alive on Jan. 28th 1916, and that death occurred, on the date stated above, at 12.40 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

& Ruptured Hemiplegia (Duration) yrs. 1 mos. 8 ds.

(Signed) Frank E Shipley M. D.

Jan. 28th, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 715 N. Rose St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. | DATE OF BURIAL, Jan. 31, 1916

20-UNDERTAKER Robert J Turner | ADDRESS 1442 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91740

0 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Vine St; 18 WARD)

REGISTERED No. C

2-FULL NAME John B Giles

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 914 Vine St

St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) M

6-DATE OF BIRTH, unknown

(Month) (Day) (Year)

7-AGE, 27 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Giles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Hilbert

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha J Giles

(Address) 119 N Carlton

15- JAN 28 1916 ROBERT . KRAUTER, Filed 1916 191 Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 24, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to June 25 1916, that I saw h alive on June 24 1916 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W Norwood M. D.

June 26, 1916 (Address) 1539 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mountain Cemetery

DATE OF BURIAL, June 28, 1916

20-UNDERTAKER Alfred J Freeland

ADDRESS 114 S Schroeder St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-14-15—M. S. V.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91741

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Arnott Amoss

(Residence in Baltimore: No. 1621 Aisquith St.; 64 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 3, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... City Asst Engr

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William E Arnott

11-BIRTHPLACE OF FATHER (State or Country) Hartford Co Md

12-MAIDEN NAME OF MOTHER Annie E Clapp

13-BIRTHPLACE OF MOTHER (State or Country) Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Arnott

(Address) 1621 Aisquith

15-JAN 28 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Jan 26 1916, that I saw him alive on Jan 26 1916, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

.....

..... Labor Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Sanderson M. D.

Jan 27, 1916 (Address) 1714 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Jan 30., 1916.

20-UNDERTAKER Robert J Turner ADDRESS 1411 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91742

CERTIFICATE OF DEATH.

x 92 C91742

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Seabrooks

(Residence in Baltimore: No. 3201 E. Lombard St St.; ....yrs. ....mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
female	white	single

6-DATE OF BIRTH, December 27, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Seabrooks

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Genevieve Smith

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 28 1916 19... ROBERT J. BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 13 1916, to January 28 1916, that I saw her alive on January 28 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Acute
Pulmonary

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. 1 mos. ....ds.

(Signed) H. H. Musser M. D.

Jan 28, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3201 E. Lombard St Balto Co.

19-PLACE OF BURIAL OR REMOVAL, Philip Herwig DATE OF BURIAL, Jan 29 1916

20-UNDERTAKER Oak Lawn ADDRESS 2011 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91743

CERTIFICATE OF DEATH.

64 C91743

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. University Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel DeMangin Todd

(Residence in Baltimore: No. 1025 McCulloh St. St.; 76 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md - Balto

PARENTS.

10-NAME OF FATHER, Francis X DeMangin

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Amanda Peabody -

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edgar S. Parsons

(Address) Rochambeau Apts.

15- JAN 28 1916 KORHRT . KRAUTER, Registrar.

Filed....., 191... 121 Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/4 1913, to 1/27 1916, that I saw h-e alive on 1/27 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) Wm A Klein M. D.

1/27, 191.6 (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 10 mos. 11 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 1025 McCulloh St.

19-PLACE OF BURIAL, OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Jan 29 1916.

20-UNDERTAKER J A Cook ADDRESS 1003 W Baltimore St.

C91741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 C91741

REGISTERED NO. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospital 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Gertrude Caruso

(Residence in Baltimore: No. 321 S. Bruce St.; yrs., 15 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May —, 1897.
(Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, — Myers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Conrad

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Conrad

(Address) 104 S. Schroeder St.

15. JAN 28 1916

Filed....., 191.... ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury Poisoning Suicide

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Sam'l Hamilton M. D.
(Coroner.)

Jan. 27th, 1916. (Address) 232 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 10 ds. In the State....yrs. 8 mos....ds.

Where was disease contracted, if not at place of death? 321 S. Bruce St.

Former or usual residence 321 S. Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan. 29, 19.6.

20-UNDERTAKER Wm. Cook

ADDRESS 1003 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91745 C91745

151

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 President ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sartori

(Residence in Baltimore: No. 306 President St.; ....yrs. ....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 14th (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Peter Sartori

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angelina Mollerino

13-BIRTHPLACE OF MOTHER (State or Country), Paris

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Sartori

(Address) 306 President St.

15- Filed JAN 29 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 191..., to Jan 27 1916, that I saw h— alive on Jan 27 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth 5 hrs .....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. 13 ds.

(Signed) ..... M. D.

Jan 27, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Jan. 28th, 1916

20-UNDERTAKER Hrudell Lippel Son

ADDRESS 37 S. Amer

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 91746 C 91746

1-PLACE OF DEATH University Hospital 28 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Radcliffe

(Residence in Baltimore: No. 712 School St. St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1889 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. unknown mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 243
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, George Radcliffe

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-Filed JAN 29 1916, 191... ROBERT ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Jan 20 1916, that I saw h.m alive on Jan 20 1916, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard Donella M. D.

Jan 25, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 712 School St.

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND | DATE OF BURIAL, JAN 29 1916, 191...

20-UNDERTAKER Health, | ADDRESS

Per. Wm. E. WOODALL.

Spec.—8-24-14—M. & T.—2000 Blks.

C91747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 C91747

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Vine ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jackson

Residence in Baltimore: No. 637 Vine St (St.; 2d yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Colr

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1839 (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Page Hill

11-BIRTHPLACE OF FATHER (State or Country), Md Balto

12-MAIDEN NAME OF MOTHER Lydia Dennis

13-BIRTHPLACE OF MOTHER (State or Country), Md Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Barnes

(Address) 637 Vine

15- JAN 29 1916 Filed, 191 ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Jan 25 1916, that I saw h alive on Jan 25 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
of Heart

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(Duration) yrs. 2 mos. ds.

(Signed) W. Forrow M. D.

Jan 26, 1916. (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 29, 1916

20-UNDERTAKER Samuel J Kemsley — ADDRESS 578 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91748

62

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N Potomac ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora Link

(Residence in Baltimore: No. 521 N Potomac St.; 41 yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1874 (Year)

7-AGE, 41 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Vest Maker
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Link

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eleanora Drexel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Cathrina Link

(Address) 521 N. Potomac St

15- Filed JAN 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 191 6, to Jan 26 191 6, that I saw h[illegible] alive on Jan 21 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Eugene L. Kelly M. D.

Jan 28 191 6 (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 30, 1916

UNDERTAKER J. Herwig & Co

ADDRESS 2008 Alsace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91749 28 C91749

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Elizabeth Lane ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Caroline Gombach

(Residence in Baltimore: No. 1 St Paul St St.; 7 yrs., 3 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1907 (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Montgomery Co

PARENTS.

10-NAME OF FATHER, Chas. Gombach

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Gombach

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother in Kindred

(Address) 1 N Elizabeth Lane

15- JAN 29 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

136.6

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1914, to Jan 23 1916, that I saw h[illegible] alive on Jan 22 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Ulcus Vesicae

Pulmonary Tuberculosis (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

Jan 23 1916 (Address) 16 16 Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. ds. In the State 7 yrs. 3 mos. 9 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPIT[illegible] DATE OF BURIAL, JAN 27 1916, 191...

20-UNDERTAKER [illegible] Health

Per. Wm. E. WOODALL. ADDRESS

6pec.—8-24-14—M. & T.—2000 Blks.

C91750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91750

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Hicks

(Residence in Baltimore: No. 1626 St. Josephs St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 26 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-JAN 29 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1915, to Jany 22 1916, that I saw h im alive on Jany 22 1916, and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary T.B.

.....

.....

..... (Duration) ...yrs. 7 mos.....ds.

CONTRIBUTORY (Secondary) Empyema

..... (Duration) ...yrs. 2 mos.....ds.

(Signed) ..... W. Winton Clark M. D.

Jany 22, 191 6 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 7 mos.....ds. In the State ...yrs.....mos.....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1626 St Joseph St

19-PLACE OF BURIAL, OR REMOVAL, ... DATE OF BURIAL, JAN 27 1916, 191...

20-UNDERTAKER Commissioner of Health. ADDRESS

Per WM. E. WOODALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91751 37 C91751

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E. Lexington ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jordan

(Residence in Baltimore: No. 1412 E. Lexington St.; 0 yrs., 0 mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	infant

6-DATE OF BIRTH, January (Month) 24 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jordan, Lee.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Cook, Anna.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tuckwell, M.D.

(Address) Johns Hopkins Hosp.

15- Filed JAN 29 1916 ROBERT . KRAUTER, Registrar Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 24 1916, to January 25 1916, that I saw her alive on Jan. 25 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

.....

Prematurity

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. H. Mallory M. D.

Jan. 25, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	.....; 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91752 — 92 C91752

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Paca ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Biggs

(Residence in Baltimore: No. 410 N Paca St.; 1 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widowed

6-DATE OF BIRTH, ... (Month) — (Day) — , 1862 (Year)

7-AGE, 56 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Ins Co

9-BIRTHPLACE, (State or Country), New Orleans La

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E Towers

(Address) 1205 N Laurens St

JAN 29 1916 Filed....., 191... ROBERT J. KRAUTER, Registrar of Records.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 21 1916, to January 26th 1916, that I saw him alive on January 26th 1916, and that death occurred, on the date stated above, at 1 30 a.m.

The CAUSE OF DEATH* was as follows:

1. .....
2. Tuberculosis
3. .....

Duration (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Grippe and bronchitis

(Duration) 5 yrs. — mos. 7 ds.

(Signed) Edward E Rackmill M. D.

January 26, 1916. (Address) 1339 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JAN 31 1916, 191...
20-UNDERTAKER	ADDRESS
Graham Walker	Commissioner Health, Penn Lafayette Sq. Hamm L. Co

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91753

CERTIFICATE OF DEATH.

151 C91753

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Edmunds

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Jan 20, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Leon Thomas

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bessie Edmunds

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thomas R Edmunds

(Address)..... Mercy Hospital

15- Filed JAN 29 1916 ROBERT . KRAUTER, Registrar Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 25 1916, that I saw h[illegible] alive on Jan 25 1916, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

a. Pneumonia Bi[illegible]

b. Malnutrition

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Edward P Smith M. D.

Jan 25 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Mercy Hosp

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	....., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91754 79 C91754

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Brown.

(Residence in Baltimore: No. 346 W. West St. St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored.	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 17 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy —
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland. —

PARENTS.

10-NAME OF FATHER, do not Know

11-BIRTHPLACE OF FATHER (State or Country), — —

12-MAIDEN NAME OF MOTHER Emma Batts

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. L. Wright

(Address) Superintendent

15- Md General Hospital

Filed JAN 29 1916 ROBERT • KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19th; 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1916, to Jan. 19th 1916, that I saw him alive on Jan. 19th 1916, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurg.

(Duration) ....yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

Jan. 29th, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 29 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 346 W. West St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
JOHNS HOPKINS HOSPITAL	JAN 1 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

HELP. WM. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Blks.

Alfred H. Lincoln

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91755

C91755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred W. Lincoln

(Residence in Baltimore: No. 1317 N. Bond St. St.; 10 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Foreman 2nd
(b) General nature of industry, business, or establishment in which employed (or employer) Tack factory

9-BIRTHPLACE, (State or Country), Mass. —

PARENTS.

10-NAME OF FATHER, James Lincoln

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Lincoln

(Address) 1317 N Bond st.

15- JAN 29 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 26, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Jan 26 1916, that I saw him alive on Jan 26 1916, and that death occurred, on the date stated above, at 6 00 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... da.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ? yrs. ..... mos. ..... da.

(Signed) K. M. Cullen M. D.

....., 191... (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ..... ds. In the State 17 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1317 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL, North Brighton Mass. DATE OF BURIAL, Jan 28, 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91756

CERTIFICATE OF DEATH.

28 C91756

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Ellen Oppel

(Residence in Baltimore: No. 2207 McElderry St. St.; 17 yrs., 2 mos. 23 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Nov 4, 1898 (Month) (Day) (Year)

7-AGE, 17 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper 367
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Manufacturing

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm F. Oppel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna E. Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna E. Oppel

(Address) 2207 McElderry

15- Filed JAN 29 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to Jan 27 1916, that I saw h El alive on Jan 26 1916, and that death occurred, on the date stated above, at 12-35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intoxication

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Edward Lotz M. D.

1/28, 1916 (Address) 413 N Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holly Rec Cem

DATE OF BURIAL, Jan 29 1916

20-UNDERTAKER Martin Frankenberg

ADDRESS 916 Lafayette Ave

Spec.—8-24-14—M. C. T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 29263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Duncan ST.; 1 WARD)

REGISTERED No. C

2-FULL NAME Andrew Rybicki

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 510 S. Duncan St.; 27 yrs., 2 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, October 17, 1888 (Month) (Day) (Year)

7-AGE, 27 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer): on Ground

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Albert Rybicki,

11-BIRTHPLACE OF FATHER (State or Country): Germany Poland

12-MAIDEN NAME OF MOTHER: Mary Jonkowska

13-BIRTHPLACE OF MOTHER (State or Country): Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rybicki,

(Address) 510 S. Duncan St.

15- Filed JAN 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26 1916, to Jan. 28 1916, that I saw h[illegible] alive on Jan. 27 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Geo. Keller M. D.

Jan. 28, 1916 (Address) 1937 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jany. 31, 1916.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann

Spec.—5-19-13—M. & T.—500 Bks.

C91758

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C91758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1218 W. Strieker ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Chamberlain

(Residence in Baltimore: No. 1218 W. Strieker St.; 50 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan. (Month) 10 (Day), 1850 (Year)

7-AGE, 66 yrs. mos. 16 ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly M. Green

(Address) 1218 W. Strieker St.

15- JAN 29 1916 Filed, 191. ROBERT . KRAUSE, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 26 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21 1916, to Jan. 26 1916, that I saw her alive on Jan. 26 1916, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Lemmon M. D.

Jan. 26, 1916. (Address) 1507 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, Jan. 29, 1916

20-UNDERTAKER Harry W. Fiele ADDRESS 1946 W. North Ave.

Spec.—8-24-14—M. & T.—100 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91759

CERTIFICATE OF DEATH.

42 C91759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Park Avenue ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mary Birch

(Residence in Baltimore: No. 1809 Park Avenue St.; Life yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August 2, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James H. Esp

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Margaret Davy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith B. Hooper

(Address) 2401 Maryland Ave

15-

Filed JAN 29 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21st 1914, to Jan 27 1916,
that I saw her alive on Jan 27 1916,
and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Labia Majora

Operation Dec 1 — 1912

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Recurrent Carcinoma of inguinal and Abdominal glands

(Duration) 1 yrs. 9 mos. ds.

(Signed) Robert L. Mitchell M. D.

Jan 28, 1916. (Address) 2117 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery

DATE OF BURIAL, Jany 29, 1916

20-UNDERTAKER C. M. Mitchell & Co.

ADDRESS 1200 W. Fayette St.

Spec.—8-24-14—M. & ...—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91760

CERTIFICATE OF DEATH.

45 C91760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Maryland Ave. ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Beach Jr.

Residence in Baltimore: No. 2026 Maryland Ave. St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 28th (Month) (Day), 1840 (Year)

7-AGE, 75 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Commission
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant 60+

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Waldron Beach

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria Manson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence G. Beach

(Address) 2026 Md. Ave.

15- Filed JAN 29 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 28th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 191 3, to Jan 28th 1916, that I saw h... alive on Jan 27th 1916, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Angina pectoris followed by general Broth of Kidneys probable Cerebral hemorrhage (Ex Post mortem)

3 to 5 yrs. (Duration)

CONTRIBUTORY (Secondary) Anemia 3 yrs (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Jan 29th 1916. (Address) 1441 Eutaw Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jany. 31., 1916.

20-UNDERTAKER C. M. Mitchell & Co. — ADDRESS 1211 Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91761

CERTIFICATE OF DEATH.

81 C91761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Overland Ave (Montebello P.P.) St.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Josephine Cooper

(Residence in Baltimore: No. 2803 Overland Ave St.; ...yrs.. ...mos. ...ds.)

Life

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Sept. 17, 1827 (Month) (Day) (Year)

7-AGE: 88 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Cooper (Son)

(Address) 2803 Overland Ave

15- Filed JAN 29 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1915, to Jan 28 1916, that I saw her alive on Jan 28 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Coronary arteriosclerosis & Interstitial Carditis arteriosclerosis causing Complete Extinction of life.

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas Sommer M. D.

Jan 29, 1916 (Address) 1 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 30, 1916

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91762

CERTIFICATE OF DEATH.

92 C91762

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 709 E 41st St.; 9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ebenezer McKay

(Residence in Baltimore: No. 709 E 41st St.; 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, October (Month) 9 (Day), 1851 (Year)

7-AGE, 64 yrs. 3 mos. 18 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Marine

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Velma V. McKay

(Address) 709 E. 41st St.

15-
Filed JAN 29 1916 ROBERT . GRAUER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 27 1916, that I saw him alive on Jan 27 1916, and that death occurred, on the date stated above, at 11,40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

(Signed) Geo. J. Cummings M. D.

Jan 28, 1916. (Address) 153 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery — DATE OF BURIAL, Jan 30, 1916.

20-UNDERTAKER H. E. Hughes — ADDRESS 17 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91763 C91763

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 636 Wyeth ST.; 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Dehafen

(Residence in Baltimore: No. 636 Wyeth St. St.; 5 yrs., 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 26th, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bernard E Schafer

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Florence Whalen

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr Bernard E Schafer
(Address) 626 Wyeth St.

15-JAN 29 1916
Filed CHARLES N. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 28 1916, that I saw h[er] alive on Jan 27 1916, and that death occurred, on the date stated above, at 1.30 p m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw Arnold M. D.

Jan 29, 1916. (Address) 847 Lan Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery. DATE OF BURIAL, Jan 29, 1916.

20-UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St.

Dr Sumbler

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91764

CERTIFICATE OF DEATH.

C91764

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 Ostend St ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henson

(Residence in Baltimore: No. 834 Ostend St St.; ..... yrs., 8 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... May 20 ....., 1905
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James Henson

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Corrie Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... James Henson .....

(Address) ..... 834 Ostend St .....

15-

Filed JAN 29 1916, 19.., CHARLES E. SIMMONS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 28 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Jan 28 1916, that I saw h— alive on Jan 27 1916, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

..... a. .....

..... Acute Pneumonia .....

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Dmonday M.D.

Jan 29, 1916 (Address) 834 Ostend St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn DATE OF BURIAL, Jan 29, 1916.

20-UNDERTAKER John Henson Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Eks.

091765

HEALTH DEPARTMENT—CITY OF BALTIMORE

091765

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Druid Hill Ave St., 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Morris

(Residence in Baltimore: No. 1734 Druid Hill Ave St.; 40 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1861 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 51
(b) General nature of industry, business, or establishment in which employed (or employer) Helper on Truck Heavy Hauling

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H. Morris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Parker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Morris

(Address) 1734 Druid Hill Ave.

15-

Filed ....., 191.... CHARLES T. DIHORATZ

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191.., to Jan. 26 1916, that I saw h.. alive on Jan. 24 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

.....

Pneumonia-Lobar

.....

..... (Duration) ..... yrs. 1 mos. 2 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Rosenwald M. D.

Jan. 27, 1916. (Address) 1 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Jan. 29, 1916
20-UNDERTAKER	**ADDRESS**
John H. Trader	142 Wash'l Ave

C91766

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C91766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 N Mount St. 15 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Allen

(Residence in Baltimore: No. 1308 N Mount St.; 10 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1851 (Year)

7-AGE: 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Olie Robinson

(Address) 1308 mount St

15- Filed JAN 29 1916, 191 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 27 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21, 1916, to Jan 27 1916, that I saw h.. alive on Jan 27 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) 23 yrs. ..... mos. ..... ds.

(Signed) H. S. McLeod M. D.

1/28/16, 191 [Address] 2005 N Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Buchanan Va

19-PLACE OF BURIAL OR REMOVAL: New Kent Co. Va DATE OF BURIAL: Jan 29 1916

20-UNDERTAKER: John T. Faden ADDRESS: 1432 Druid

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91767

C91767

CERTIFICATE OF DEATH.

1916 Q

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Charles Holmes

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, April 23 d., 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping clerk (Jr)
(b) General nature of industry, business, or establishment in which employed (or employer): Eclipse Manufactury

9-BIRTHPLACE, (State or Country), Talbot Co. Md

PARENTS.

10-NAME OF FATHER, John P. Holmes

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co. Md

12-MAIDEN NAME OF MOTHER Sarah L. Coburn

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie G. Holmes

(Address) Southern Ave (Gardenville)

15- Filed JAN 29 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Jan 28 1916, that I saw him alive on Jan 28 1916, and that death occurred, on the date stated above, at 2.05 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Trammell Starr M. D.

Jan 28, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence Southern Ave. Gardenville

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Jan. 30, 1916

20-UNDERTAKER, Henry Hoeck & Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Eas.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91768

CERTIFICATE OF DEATH.

120 C91768

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 E Preston St. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Hall

(Residence in Baltimore: No. 1111 E. Preston St. St.; 82 yrs., mos. 19 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. January 10th, 1834 (Month) (Day) (Year)

7-AGE. 82 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad 833
(b) General nature of industry, business, or establishment in which employed (or employer): Steward,

9-BIRTHPLACE, (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER. John. T. Hall.

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John. Hall

(Address) 1111 E. Preston St.

15-

Filed ....., 191 CHARLES M. SINCLAIR, Registrar.

JAN 29 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan. 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 1915, to Jan 29 1916, that I saw him alive on Dec 29 1915, and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute indigestion

..... (Duration) yrs. mos.

(Signed) S. J. Cain M. D.

Jan 29, 1916 (Address) 2000 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto. Cemetery

DATE OF BURIAL. Jan. 31st, 1916.

20-UNDERTAKER John Janvier Son

ADDRESS 908 N. Eutaw St.

C91769

Schmenk

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91769

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 330 Park ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Schmenk

(Residence in Baltimore: No. 330 Park Ave St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) ..... (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Shoe factory

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Louis Schmenk

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Moos

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Wartman

(Address) 1617 N. Milton Ave

15- CHARLES M. SINCLAIR.

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Jan 29 1917 (Address) 24 E. W. Ave Towson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 29 1917

20-UNDERTAKER H. Sander & Sons

ADDRESS 1310 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91770

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C91770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 710 N. Stockton street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Giles,

(Residence in Baltimore: No. 710 N. Stockton street, St.; yrs., 5 mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, August (Month) 22nd (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 5 mos. 5 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Giles,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Annie Regustin,

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Annie Regustin, mother,

(Address) 710 N. Stockton street,

15- CHARLES M. SINCLAIR,

Filed JAN 29 1916, 191

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
(Non sequela exanthemae)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) E. Reed Campbell M. D.
(Coroner.)

Jan. 28th 1916. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel, Md.	Jan 31, 1916
20-UNDERTAKER	ADDRESS
Jno. H. Chas Kod	Mocking St

C91771

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91771

CERTIFICATE OF DEATH.

8

79

REGISTERED No. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 1303 Glyndon ave St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lena Hammond

(Residence in Baltimore: No. 1303 Glyndon Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan (Month) 8th (Day), 1863 (Year)

7-AGE, 52 yrs. 0 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook - 362
(b) General nature of industry, business, or establishment in which employed (or employer)..... Candy Factory

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Plitt

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harrison

(Address) 1303 Glyndon Ave

15- Filed JAN 29 1916, 191.... CHARLES M. SINCLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. mos. ds.

(Signed) Jas. B. Hinkle M. D. (Coroner.)

Jan. 28th, 191.6. (Address) 2302 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	Jan 31st, 1916
20-UNDERTAKER	ADDRESS
J. F. Wolfe & Sons	1 E. Lexington St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—5-19-13—M. & T.—500 Bks.

C91772

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 C91772

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 316 Stricker ST.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah McQuirk

Residence in Baltimore: No. 316 N. Stricker St.; 58 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 8, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 19 mos. da.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Charwoman 870
(b) General nature of industry, business, or establishment in which employed (or employer) City Hall

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McQuirk

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine McGuirk

(Address) 316 N. Stricker St

15- Filed JAN 29 1916, 191... CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Jan 27 1916, that I saw h- alive on Jan 26 1916, and that death occurred, on the date stated above, at 1045 a/m.

The CAUSE OF DEATH* was as follows:

Uterine Polypus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mon. 4 ds.

(Signed) E. Woodbridge M. D.

Jan 29/16 191... (Address) 24 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Jan 31, 1916

20-UNDERTAKER John J. Fields — ADDRESS 1203 Portland Ave

C91773

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C91773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1443 N. Parrish street, ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Booze,

(Residence in Baltimore: No. 1443 N. Parrish street,

Fife

St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, October (Month) 4th (Day), 1915. (Year)

7-AGE, 0 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Elwari Brogen,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Stella Booze,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Booze, mother,

(Address) 1443 N. Parrish street,

15- Filed JAN 29 1916 191.... CHARLES M. SINCLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 27th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
(Non sequela exanthemae.)
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frederick Kemp M. D.
(Coroner.)

Jan. 28th 191 6 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 29 1916

20-UNDERTAKER James H Davis — ADDRESS 303 Eastman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91774

CERTIFICATE OF DEATH.

91 C91774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 North Stricker St. 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Boone Weishaar

(Residence in Baltimore: No. 804 North Stricker St.; 1 yrs., 11 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 14 (Day), 1914 (Year)

7-AGE, 1 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Michael J Weishaar

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Pearl Boone

13-BIRTHPLACE OF MOTHER (State or Country) Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Weishaar

(Address) 804 N. S. Stricker

15-

Filed JAN 29 1916 CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26 1916, to Jan. 27- 1916, that I saw h.r alive on Jan. 27- 1916, and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) - yrs. - mos. 2 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarthy M. D.

Jan. 28, 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Jan. 30, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91775

CERTIFICATE OF DEATH.

91775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Penna av. ST.; 15 WARD)

REGISTERED No. C 10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary E. Rank

(Residence in Baltimore: No. 2328 Pennsylvania av St.; 66 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, about 66- yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER Augusta Hinze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Monitable

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Jacob W. Thompson

(Address) 2328 Pennsylvania Av.

15-

Filed JAN 29 1916 191

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany. 29th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 21 1916, to Jany 29 1916, that I saw her alive on Jany 29 1916, and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

La Grippe & old age

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Complication

(Duration) yrs. 4 mos. ds.

(Signed) O. H. Smith M. D.

Jany. 29, 1916 (Address) 1605 N. Mont Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Jan. 31, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Av

Spec.—8-24-14—M. & T.—2000 Bks.

C91776

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91776

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1221 N. Fulton ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Steven L. Hurley

(Residence in Baltimore: No. 1221 N. Fulton St.; 1 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Jan (Month) 13 (Day), 1839 (Year)

7-AGE, 77 yrs. ..... mos. 15 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter 835
(b) General nature of industry, business, or establishment in which employed (or employer): J. Church.

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Beulah Knight

(Address) 1221 Gilmore St.

15-
JAN 29 1916 CHARLES M. SINCLAIR.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Jan 28 1916, that I saw h[illegible] alive on Jan 27 1916, and that death occurred, on the date stated above, at 11:05 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Davis M. D.

Jan ....., 1916. (Address) 1953 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: Western Cemetery | DATE OF BURIAL, Jany 31., 1916.

20-UNDERTAKER: William Cook | ADDRESS 502 E North Ave

C91777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

REGISTERED No. C 91777

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 W. 34th St. 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wm Cookerley

(Residence in Baltimore: No. 845 W 34th St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Dont Know (Month), 1 (Day), (Year)

7-AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter 7/8
(b) General nature of industry, business, or establishment in which employed (or employer): Building work

9-BIRTHPLACE (State or country): Frederick Co Md

PARENTS

10-NAME OF FATHER: Michael Cookerley.

11-BIRTHPLACE OF FATHER (State or country): Frederick Co Md

12-MAIDEN NAME OF MOTHER: Jones-

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Ernest F. Cookerley

(Address): 840 W. 34th

15-

Filed JAN 29 1916 19

CHARLES M. SINCLAIR.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 27 (Month) (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2, 1915, to, Jan 27 1916, that I saw him alive on Jan 27 1916, and that death occurred, on the date stated above, at 5-20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Microscopic exam of Stomach made)
Jan 10th 1916 from tissue removed

Duration: 2 yrs. 6 mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C Albert Bailey M. D.

Jan 27 1916 [Address] 3849 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: June 30 1916

20-UNDERTAKER: William Cook — ADDRESS: 508 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91778

Gampert 104

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91778

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 919 E Lombard St.: 3 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beckie Gampert

(Residence in Baltimore: No. 919 E. Lombard St.: ... yrs. ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 10 (Month), 1916 (Year)

7-AGE: ... yrs. ... mos. 14 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Hyman Gampel

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rachel Katz

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1419 E Balto St

15-Filed JAN 29 1916 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 27 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 27, 1916, to Jan 27 1916, that I saw her alive on Jan 27, 1916, and that death occurred on the date stated above, at 11 6 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis and Enteritis

(Duration) ... yrs. ... mos. One ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. Chadeayne M. D.

1/28, 1916 (Address) 716 W 144

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Workmen circle mt Carmel | DATE OF BURIAL: 1/30 1916

20-UNDERTAKER: Jack Lewis | ADDRESS: 1419 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91779

C91779

50

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 Hoffman St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ross

(Residence in Baltimore: No. 527 Dr. Hoffman St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 .....
(Month) (Day) (Year)

7-AGE: 60 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Sarah Ross

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Ross

(Address) 527 W Hoffman

Filed JAN 29 1916, 191 CHARLES M. SINCLAIR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 27, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1916 to Jan 27 1916, that I saw her alive on Jan 26, 1916, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(Duration) ..... yrs. 1 mos. 4 ds.

Contributory (SECONDARY) Diabetes Mellitus

(Duration) ..... yrs. 1 mos. 4 ds.

(Signed) Dr. V Fitzgerald M. D.

1/28, 1916 (Address) 1108 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 30, 1916

20-UNDERTAKER: Alfred J Freeland

ADDRESS: 1814 N Schroeder

C91780

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91780

91

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 412 N. Colvin ST.: 5 WARD) (If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Mrsina

(Residence in Baltimore: No. 412 Colvin St.: 1 yrs. 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: July (Month) 7 (Day), 1914 (Year)

7-AGE: 1 yrs. 6 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Bato Md.

PARENTS

10-NAME OF FATHER: Antonio Mrsina

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Gr Annella

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Annella

(Address) 412 Colvin St.

15. Filed JAN 29 1916, 1916 CHARLES M. SINCLAIR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916, to Jan 25 1916, that I saw him alive on Jan 25, 1916, and that death occurred, on the date stated above, at 11a m. The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. 1 mos. 14 ds

Contributory (SECONDARY) Cerebral meningitis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Benj. Kodan M. D.

1-25, 1916 (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Vincents Cem — DATE OF BURIAL: Jan. 29, 1916

20-UNDERTAKER: Tilly & Feiler — ADDRESS: 1038 N. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

Spec.—5-15-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91781

CERTIFICATE OF DEATH.

91 C91781

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 E. Lombard ST.; 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Brengiforti

(Residence in Baltimore: No. 1010 E. Lombard St.; ... yrs., 4 mos. ... ds.) 4 Life

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 12 (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Marcello Brengiforti

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Josephine Condrini

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcello Brengiforti

(Address) 1010 E. Lombard St.

15- Filed JAN 29 1916, 191... CHARLES M. S.INCLAIR ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Jan 28 1916, that I saw him alive on Jan 28 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Asthenia

(Duration) ... yrs. ... mos. 8 ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ... yrs. ... mos. 2 0 ds.

(Signed) A. Palumbano M. D.

Jan 29, 1916 (Address) 316 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent Cem.	Jan 29, 1916
20-UNDERTAKER Lilly & Zirkin	ADDRESS 403 S Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

C91782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91782

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 E Lexington St.; 5 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Sherry.

(Residence in Baltimore: No. 1205 E Lexington St.; 77 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow.

6-DATE OF BIRTH, Not Correctly known, 1 ..... (Month) (Day) (Year)

7-AGE, About 86 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New Jersey. U. S. A.

PARENTS.

10-NAME OF FATHER, Patrick S. Masterson

11-BIRTHPLACE OF FATHER (State or Country), New Jersey.

12-MAIDEN NAME OF MOTHER Mary E. Concannon

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph L. Sherry

(Address) 1205 E Lexington St.

15- JAN 29 1916 CHARLES M. SINCLAIR.

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7th 1915, to Jan 27 1916, that I saw h.. alive on Jan 27 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) — yrs. — mos. — ds.

(Signed) D. W. Bathell M. D.

Jan 29, 1916. (Address) 1636 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cem. DATE OF BURIAL. Jan. 31..., 1916

20-UNDERTAKER C. K. Cook ADDRESS 1003 W Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91783 — C91783

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2300 Oak ST 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Almony.

(Residence in Baltimore: No. 2301 Oak St

St.: 2 yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Nov. 11 (Month), (Day), 1913 (Year)

7-AGE 2 yrs. 2 mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto.

PARENTS

10-NAME OF FATHER W. E Almony

11-BIRTHPLACE OF FATHER (State or country) Pennsylvania

12-MAIDEN NAME OF MOTHER Ada A. Matson

13-BIRTHPLACE OF MOTHER (State or country) Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. E Almony

(Address) 2300 Oak St

15 JAN 29 1916, 191

CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1916, to Jan 28 1916, that I saw him alive on Jan 28, 1916, and that death occurred, on the date stated above, at 7.45 P m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 6 ds

Contributory (SECONDARY) Alcoholism

(Duration) yrs. mos. 4 ds.

(Signed) Ged Young M. D.

Jan 28, 1916 (Address) 1531 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the U.S. State			

Where was disease contracted, If not at place of death? Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Fair Grove Pa. — DATE OF BURIAL Jan 31, 1916

20-UNDERTAKER Le Roy Stiffler — ADDRESS 54-77-36 Sl 73d

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91761 C91781

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W Lafayette ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Brandmuller

(Residence in Baltimore: No. 507 Lafayette ave St.; 82 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1834 (Year)

7-AGE, 82 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Nobbin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dinkelbuel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Brandmuller

(Address) 507 Lafayette Ave

15- Filed JAN 29 1916 CHARLES M. SINCLAIR ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 24 1916, to January 27 1916, that I saw her alive on January 25 1916, and that death occurred, on the date stated above, at 1 00 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) Chas T Chaulk M. D.

July 28, 1916. (Address) 518 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Jan. 31, 1916.

20-UNDERTAKER W Fahey & Son ADDRESS 706 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91785

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91785

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Lloyed st ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Held

(Residence in Baltimore: No. 25 Lloyed Street St.; — yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1915 (Year)

7-AGE, ...yrs. 6 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Child~~
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Martin Held

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Abrams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balto St

15-

Filed JAN 30 1916, 191.... CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 191 5, to Jan 29, 191 6, that I saw h[illegible] alive on Jan 29, 191 6, and that death occurred, on the date stated above, at 9 am m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 12 ds.

(Signed) M. B. Lewis M. D.

Jan 29, 191 6 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew M Carmel

DATE OF BURIAL, 1/30, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-14-14—M. & T.—2000 lbs.

C91786 HEALTH DEPARTMENT—CITY OF BALTIMORE C91786

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C 82

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Gant

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 9 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Not known ..... (Month) ..... (Day) 1 (Year)

7-AGE, 14 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) School Child

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Jas Gant

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), S C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. McCann

(Address) Mercy Hosp

15-JAN 30 1916 Filed ....., 191.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 29 1916, that I saw h[illegible] alive on Jan 29 1916, and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Tumors of Peritoneum

Intestinal Obstruction

Duration ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Jan 30, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Baltimore, Md.

19-PLACE OF BURIAL OR REMOVAL, Easley S. C. DATE OF BURIAL, 1.30, 191..

20-UNDERTAKER Henry W. Means Eden ADDRESS 1051 N. Calvert St

Via Penn R.R. & Southern R.R. In Chg. of Dr. T. D. Porter

C91787

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91787

CERTIFICATE OF DEATH

67

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1403 Park Ave. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Bosley

(Residence in Baltimore: No. 1403 Park Ave. St.; 15 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: October 14, 1848 (Month) / 1 (Day) / (Year)

7-AGE: 67 yrs. 3 mos. 14 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired — 600
(b) General nature of industry, business, or establishment in which employed (or employer): Banker

9-BIRTHPLACE (State or country): Near Cockeysville, Md.

PARENTS

10-NAME OF FATHER: John Bosley of Wm.

11-BIRTHPLACE OF FATHER (State or country): Near Cockeysville, Md.

12-MAIDEN NAME OF MOTHER: Rachel Harryman Cole

13-BIRTHPLACE OF MOTHER (State or country): Balto. Co. Western Run Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H. Bosley, Jr.

(Address) 1403 Park Ave.

JAN 30 1916 Filed ..., 191 CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 28th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1st, 1916, to, Jan 28th 1916, that I saw h.im alive on Jan 28th 1916, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Patient had been suffering from general Paresis (Dementia Paralytica) several years

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Tricuspid incompetency Heart & Respiratory center

(Duration) 1 yrs 4 mos 28 ds.

(Signed) Clement A Norris M. D.

Jan 24th, 1916. [Address] 21 W Mt Royal Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	1/31/16, 191

20-UNDERTAKER	ADDRESS
Henry W. Meyer & Bro	805 N. Gilmor St

C91788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94903

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 124 Colvin St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Fobson.

(Residence in Baltimore: No. 124 Colvin St.

30
St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED. (*Write* the word.)
Male	Colored.	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer. 743
(b) General nature of industry, business, or establishment in which employed (or employer)..... General.....

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Fobson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Smith.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lee (Sister)

(Address) S.E. Cor. Henry & Bounty Lane.

15- JAN 30 1916 CHARLES M. SINCLAIR.

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Phil H. Bauereis M. D.
(Coroner.)

Jan. 29, 1916 (Address) 30 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Jan 30 1916

20-UNDERTAKER	ADDRESS
John W Henderson	379 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(91789)

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Gough ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Catherine H. Riehl

(Residence in Baltimore: No. 2223 Gough St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... May 15 ..... (Month), 1838 (Year)

7-AGE, ... 77 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John H. Block

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Mauk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Margaret Riehl .....

(Address) ..... 2223 Gough St .....

15-

Filed JAN 30 1916, 191.....

CHARLES M. SINCLAIR.

Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 16 1916, to January 26 1916, that I saw h[illegible] alive on January 26 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....
..... (Interstitial) .....
.....
..... (Duration) ..... unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Uraemia .....
..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

(Signed) ..... Alfred Whitehead ..... M. D.

1 Jan, 191.. (Address) ..... 1 W. Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Jan. 29, 1916.
20-UNDERTAKER	ADDRESS
H. Sanders & Son	1710 Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91790 C91790

CERTIFICATE OF DEATH.

10

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1405 Mather ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Howard

(Residence in Baltimore: No. 1405 Mather St.; 19 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem | 4-COLOR OR RACE. Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 185? (Year)

7-AGE, ... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Rapford

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lizzie White

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Cattie Rollins

(Address)..... 1405 Mather St

15-
JAN 30 1916
Filed....., 191.... CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 28 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 10 191[illegible], to Jan. 28 1916, that I saw her alive on Jan. 28 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) La Grippe & Ven. Bronchitis

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) O. Grant Chappell M. D.

Jan 29, 1916. (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Jan 31, 191.6
20-UNDERTAKER	ADDRESS
Jno. H. Chrestow	1120 Madison

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11 a.m.

C91791

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91791

CERTIFICATE OF DEATH

40

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1729 Presbury St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Woodward Sargent

(Residence in Baltimore: No. 1729 Presbury St.; 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 21 (Month) (Day) 1862 (Year)

7-AGE: 53 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Houses At home
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE (State or country): Aaco Md

PARENTS

10-NAME OF FATHER: John A Broom

11-BIRTHPLACE OF FATHER (State or country): Aaco Md

12-MAIDEN NAME OF MOTHER: Mary Woodward

13-BIRTHPLACE OF MOTHER (State or country): Aaco Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. L. Sargent

(Address) 1729 Presbury

15- JAN 30 1916 CHARLES M. SINCLAIR.
Filed ....., 191 ..... REGISTRAR

Dr Shortt - 806 N Fulton

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 28 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec'r 1, 1915, to Jan 28 1916, that I saw h-e alive on Jan 28 1916, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Clinical Deagnosis
Carcinoma of Stomach

(Duration) yrs 5 mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Martin W Shortt M. D.

Jan. 29, 1916. [Address] 806 N Fulton av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baldwin Md

DATE OF BURIAL: Jan 30 1916

20-UNDERTAKER: W P Dashiell & Son

ADDRESS: Norton av

C91792

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C91792

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 Edmondson St.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Hoffmann

(Residence in Baltimore: No. 1621 Edmondson St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Oct. 28, 1851
(Month) (Day) (Year)

7-AGE 64 yrs. 2 mos. 29 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retd Tobacconist Draper None
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 868

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Geo. Fred. Hoffmann

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Kolb

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno G Hoffmann

(Address) 1621 Edmondson

15. JAN 30 1916 CHARLES M. SINCLAIR. 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 27, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1915, to Jan 26 1916
that I saw h~~im~~ alive on Jan 26 1916,
and that death occurred, on the date stated above, at 12:50 ~~A~~P.m.
The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Mitral Regurgitation
Cardiac Asthenia
(Duration) yrs. 1 mos. — ds.

(Signed) Gastrude M. D.

Jan 27, 1916 (Address) 1530 W Lanvale

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: Jan 30, 1916

20-UNDERTAKER: Wm J Dickerson | ADDRESS: North & Penna

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91793

C91793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital 4 30 REGISTERED No. C.....

CITY OF BALTIMORE: (No. Madison St and Eutaw St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Powell.

(Residence in Baltimore: No. 1903 Etting St. St.; 11 yrs., 1 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, June ? 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 7 mos. ? ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Day General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Powell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie V. Powell

(Address) 1903 Etting St.

15-

Filed JAN 30 1916 191. CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 12th 1915, to January 28th 1916, that I saw h[illegible] alive on January 28th 1916, and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation.

(Duration) .... yrs. .... mos. .... ds.

(Signed) Samuel D Streeper M. D.

Jan 29th, 1916 (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 4 ds. In the State 11 yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death? 1903 Etting St

Former or usual residence 1903 Etting St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan 30, 1916.

20-UNDERTAKER Geo. H. Holland ADDRESS 517 Robert St.

C91794

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91794

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 768 Waesche ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hopkins

(Residence in Baltimore: No. 768 Waesche St.; yrs. 36 mos. 8 ds. 28)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 29, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. 8 mos. 28 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter 646
(b) General nature of industry, business, or establishment in which employed (or employer) (Saloon)

9-BIRTHPLACE, (State or Country) City Maryland

PARENTS.

10-NAME OF FATHER. Robt Hopkins

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Caroline Boyer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Caroline Hopkins
(Address) 768 Waesche St

15- JAN 30 1916 CHARLES M. SINCLAIR.
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest, au-
(Inquest, autopsy or inquiry.)
topsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Org. heart disease

(Duration) ....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)
Jan 28, 1916. (Address) 242 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan 30, 1916

20-UNDERTAKER Geo. H. Holland ADDRESS 513 Robert St.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91795 HEALTH DEPARTMENT—CITY OF BALTIMORE C91795

CERTIFICATE OF DEATH. 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 W. Conway ST. 27 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie Dickerson

(Residence in Baltimore: No. 429 W. Conway St.: 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN filling out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 12, 1869. (Month) (Day) (Year)

7-AGE, 46 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Gidion Diggs.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Dickerson

(Address) 429 W Conway St.

15- Filed JAN 30 1916, CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 27 1916, that I saw her alive on Jan 27 1916, and that death occurred, on the date stated above, at 1650 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lagrippe

Immediate—Labor Pneumonia Exhaustion (Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 21 ds.

(Signed) J. P. Schaeffer M. D.

191... (Address) 506 E Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Chesapeake Beach

19-PLACE OF BURIAL OR REMOVAL, Calvert Co Most — DATE OF BURIAL, Jan 30, 191...

20-UNDERTAKER Geo H Hooper — ADDRESS 610 Little Paca

Spec.—5-19-13—M. & T.—500 Bks.

C91796 HEALTH DEPARTMENT—CITY OF BALTIMORE C91796

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Kennedy ave ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Gamble

(Residence in Baltimore: No. 4 years St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 87 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Gamble

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER — Coyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. H. Lewis.

(Address) 19 N. Luzerne St.

15- JAN 30 1916 CHARLES M. SINCLAIR.

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Jan 29 1916, that I saw him alive on Jan 29 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) James H. Lewis M. D.

Jan 29, 1916 (Address) 7 W. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Jan 31, 1916

20-UNDERTAKER Wm J. Schaeffer & Son ADDRESS 1800 E. monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91797

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C91797

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1619 Ashland av ST.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shema Zelde Baderak

(Residence in Baltimore: No. 1619 Ashland av St.; yrs. mos. 14 ds.)

WRITE PLAINLY, with INK or INDELIBLE PENCIL. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 17, 1916 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 14 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Herman Baderak

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Cohen

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H Baderak

(Address) 1619 Ashland av

15- Filed JAN 30 1916 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 30 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1916, to Jan 30 1916, that I saw her alive on Jan 30, 1916, and that death occurred, on the date stated above, at 1.00 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Hemophelia

(Duration) yrs. mos. 14 ds.

(Signed) M. Chadeayne M. D.

1/30, 1916 (Address) 716 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Int Learnell DATE OF BURIAL: 1/30, 1916

20-UNDERTAKER: Jos Levin ADDRESS: 1419 E Balto St

Spec.—5-19-13—M. & T.—500 Blks.

C91798

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91798

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Burgundy ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Jackson

(Residence in Baltimore: No. 608 Burgundy St.; 26 yrs, mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1869 (Month) (Day) (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: 877

(a) Trade, profession, or particular kind of work: House cleaning

(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Mary Ann Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Johnson

(Address) 829 Bruce St.

15-A JAN 31 1916

Filed ..... 191.....

CHARLES M. SINCLAIR.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1916, to Jan 28, 1916, that I saw her alive on Jan 28 1916, and that death occurred, on the date stated above, at 10.25 P.M.

The CAUSE OF DEATH* was as follows:

Primary—Paralysis (General)

Immediate—Exhaustion

(Duration) yrs. mon. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mon. 4 ds.

(Signed) J. P. Leung M. D.

Jan. 30, 1916 (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct

DATE OF BURIAL, Jan 31st, 191 6

20-UNDERTAKER C. W. Brown & Son

ADDRESS 101 W. Monty St

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91799

CERTIFICATE OF DEATH.

10

C91799

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N Fulton Ave ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Martha Miller

(Residence in Baltimore: No. 1712 N. Fulton Ave St.: 64 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 23 (Day), 1852 (Year)

7-AGE, 82 yrs. mos. 7 ds. | If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad Groscll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Chalk

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Chalk

(Address) 1712 N Fulton Ave

15- JAN 31 1916 Filed..... 191..... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1913, to Jan 30 1916, that I saw h[illegible] alive on Jan 29 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fits

(Duration) yrs. mon. 10 ds.

(Signed) O. M. Duvall M. D.

Jan 30, 1916 (Address) 181 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Beaverdam Md	Feb 1, 1916
20-UNDERTAKER	ADDRESS
Wilbur H Johnson	1018 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91800 — 43 — C91800

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Powhatan ave & Grantley ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna F. Walker

(Residence in Baltimore: No. Powhatan Ave & Grantley St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 28th, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Gehrmann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna M. Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harry A. Walker.
(Address) Powhatan ave. & Grantley

15- JAN 31 1916
Filed..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10th 1916, to January 29th 1916, that I saw her alive on January 29th 1916, and that death occurred, on the date stated above, at 1.30p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of breast (left)
Clinical Diagnosis
(Duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Secondary Metastases
(Duration) yrs. mos. ds.

(Signed) L. Conbin Streett M. D.
Jan 31., 191.6. (Address) 712 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, Feby 1, 1916.

20-UNDERTAKER Liston P. Fuserbaugh
ADDRESS 2620 St Paul st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91801 — 79 C91801

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 McCulloch St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Singer

(Residence in Baltimore: No 221 McCulloch St.; 40 yrs.... mos.... ds.)

N.B.—Every item of information should be carefully supplied. AGE, should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 2, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frederick Zeltman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sara Zeltman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate E. Brown

(Address) 259 North 5th St Newark N.J.

15- JAN 31 1916 Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 28 1916, that I saw her alive on Jan 21 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(Duration) ....yrs....mos. 1/2 da.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

Jan 29. 1916. (Address) Newark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Salem Lutheran Cem	Jan 31, 1916.

20-UNDERTAKER Easton Sons ADDRESS Elkton Md

Spec.—8-24-14—M. & T.—2000 Bks.

C91802

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91802

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E. Chase St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Hogan

(Residence in Baltimore: No. 2219 E. Chase St.; Life yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH ..... September 14 ....., 1886.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 4 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lived at Home .....

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Matthew A. Hogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cordelia Eckert

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cordelia Hogan

(Address) 2219 E. Chase

15-

JAN 31 1916

Filed....., 191.....

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 24 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915, to Jan 24th 1916, that I saw her alive on January 24th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Cardiac Dropsy

..... (Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) yrs. ..... mos. ..... ds.

(Signed) A. Hunt Livingood M. D.

Jan, 191.., (Address) 2 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In this State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Baltimore Cemetery	Feb. 1....., 1916.
20-UNDERTAKER	ADDRESS
Robert J. Turner	1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91803

CERTIFICATE OF DEATH.

92 C91803

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frida Zacovitz

(Residence in Baltimore: No. 121 So. Bond St. St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6-DATE OF BIRTH: ....., Unknown (Month) (Day) 1848 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Balto St

15-

CHARLES M. SINCLAIR.

Filed ....., 191.....

Registrar.

JAN 31 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 1916 and that death occurred, on the date stated above, at 4.00 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Lewis M. D.

Jan 30, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 7 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 121 So. Bond St

Former or usual residence 121 So. Bond St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Belair Rd

DATE OF BURIAL, 1/31, 1916.

20-UNDERTAKER Jack Lewis

ADDRESS E. Balto St

N.B.—Every item of information should be carefully supplied. AGE should be filled EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91804

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1679 Fulton Ave. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ella Taylor

(Residence in Baltimore: No. 1629 N. Fulton Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: April —, 1836 (Month) (Day) (Year)

7-AGE: 79 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Co. Md

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: Bryan

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Salmon

(Address) 1679 Fulton ave.

JAN 31 1916

CHARLES M. SINCLAIR.

Filed....., 191.....

Registrar.

N. Dean. 98 Md. & Penn R.R.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14th 1915, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 1916, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Clinical Diagnosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. H. Duvall M. D.

Jan 30, 1916. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Belair, Md. DATE OF BURIAL, Jan. 31, 1916

20-UNDERTAKER Wm. Cook ADDRESS 502 E. North

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91805

CERTIFICATE OF DEATH.

79 C91805

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E Preston St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lotz

(Residence in Baltimore: No. 714 E Preston St.; 45 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE, single, married, etc., OCCUPATION, CAUSE OF DEATH, must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, February 20, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Chas M Stieff Piano Mfg

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Lotz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J Lotz

(Address) 714 E Preston st

15-

Filed JAN 31 1916, 191

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to Jan 30 1916, that I saw him alive on Jan 29 1916, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 hr.

(Signed) John J Patek M. D.

Jan 31 1916, (Address) 2436 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feby 1st, 1916
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

Spec.—8-24-14—M. & T.—2000 Blks.

C91606

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91606

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Bond St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. J. Calvert Burke

(Residence in Baltimore: No. 1301 N. Bond St.; 39 yrs., mos., ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, January 5th, 1840.
(Month) (Day) (Year)

7-AGE, 76 yrs. mos. 24 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ministers 755
(b) General nature of industry, business, or establishment in which employed (or employer): 3rd English Lutheran Church

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. S. E. Beckett

(Address) Jersey Shore Pa

15-

Filed JAN 31 1916, 191.. CHARLES E. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1916.
(Month) (Day) (Year)

17-) I HEREBY CERTIFY, That I attended deceased from January 23 1915, to January 29 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Uraemia - Sclerosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 9 yrs. mos. ds.

(Signed) George H. Hartman M. D.

January 30, 1916. (Address) 1121 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Salona Pa | DATE OF BURIAL, Feby. 1st, 1916.

20-UNDERTAKER George Schilling & Sons | ADDRESS 1126 E. Monument St.

N. B.—Every item of information should be carefully supplied. The AGE should be entered in YEARS, MONTHS and DAYS. The OCCUPATION is very important. See that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. — 8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91807

92 C91807

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Carter

(Residence in Baltimore: No. 213 S. Durham St St.; 23 yrs.... mos.... ds.)

N. B.—Every item of information should be carefully supplied. Accurate statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... July 24, 1873
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
42 yrs. 6 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore Sol
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gen Laborer

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Carter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Matilda Hood

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Mercy Hosp.

(Address) Balto St

15-JAN 31 1916

Filed....., 191.... CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 27, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 17 1916, to Jan. 27 1916, that I saw h.m alive on Jan. 27 1916, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. 7 mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. 5 ds.

(Signed) Edward L. Smith M. D.

Jan 27, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State 23 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 213 S Durham St

Former or usual residence 213 S Durham St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Antioch Cem	Jan 31, 1916

20-UNDERTAKER	ADDRESS
Harry A Modern	1723 Orleans St
Allmond's Wharf Va.	

Spec.—5-19-13—M. & T.—500 Bks.

C91608 C91608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 N. Fremont ST.; 19 (WARD) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Frei

(Residence in Baltimore: No. 109 N. Fremont St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: March 22, 1895 (Month) (Day) (Year)

7-AGE: 20 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John Rainer

11-BIRTHPLACE OF FATHER (State or Country): Washington D.C.

12-MAIDEN NAME OF MOTHER: Mary Conley

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Rainey

(Address) 104 Ridgewood Road Reisterstown

15- CHARLES M. SINCLAIR.

Filed JAN 31 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1916, to Jan 29 1916, that I saw her alive on Jan 29 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Acute Partem Haemorrhage (Placenta Praevia)

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Uterine Gestation

(Duration) ... yrs. 8 mos. ... ds.

(Signed) Paul Brown M. D.

1/29, 1916. (Address) 1837 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER John Howard Sow ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

C91609

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91609

CERTIFICATE OF DEATH

64

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1029 Barre St — ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Caroline Simonds

(Residence in Baltimore: No. 1029 Barre St — St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July 31st, 1830 (Month) (Day) (Year)

7 AGE: 85 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dance & Piano work
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Washington Co Md.

PARENTS

10 NAME OF FATHER: John Alex

11 BIRTHPLACE OF FATHER (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Mary Preston

13 BIRTHPLACE OF MOTHER (State or country): Frederick Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Arthur Stewart
(Address) 1029 Barre St

15
Filed JAN 31 1916, 191
CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1915, to Jan 29 1916, that I saw her alive on Jan 27, 1916, and that death occurred, on the date stated above, at 9 45 A. m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. 1 mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Bruce Young M. D.

Jan 31, 1916 (Address) 7 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem
DATE OF BURIAL: Feb 2 1916

20 UNDERTAKER: John Howard Son
ADDRESS: 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

C91010

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91010

CERTIFICATE OF DEATH

71

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1263 Sargent st ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John F. Thompson

(Residence in Baltimore: No. 1263 Sargent St St.; 1 yrs. 11 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February 4 (Month) (Day), 1914 (Year)

7-AGE: 1 yrs. 11 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: William Thompson

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Mary Lewis

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Thompson

(Address) 1263 Sargent St

15- JAN 31 1916 CHARLES M. SINCLAIR.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29, 1916, to, Jan 30 1916, that I saw him alive on Jan 30 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Convulsions unable to say as to Cause of Hiborn of entire duration 17 hours

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph E. Myers M. D.

Jan 30, 1916 [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19- PLACE OF BURIAL OR REMOVAL: West[illegible] Cemetery

DATE OF BURIAL: February 1 1916.

20-UNDERTAKER: John Conaway Son

ADDRESS: 901 Hollins st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

C91611

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91611

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hinson

(Residence in Baltimore; No. 220 Pine St. St.; Life yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Apr. (Month) 25 (Day) 1896 (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 9 mos. 4 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Coal Cart Driver

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Conrad Hinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Geo. Mayhew

(Address) ..... Depot

15- Filed JAN 31 1916 19..... M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 191 6, to Jan 29 191 6, that I saw h alive on Jan 29 191 6, and that death occurred, on the date stated above, at 7.10 p.m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edward A. Smith M. D.

Jan 31, 1916. (Address) 2 Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 da. In the State ..... yrs. 6 mos. ..... da.

Where was disease contracted, if not at place of death? 220 Pine St.

Former or usual residence 220 Pine St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb. 2 1916
20-UNDERTAKER	ADDRESS
H. L. Brown & Son	108 W. Monty

C91812

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C91812

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 647 Park St. ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Johnson

(Residence in Baltimore: No. 647 Park St. St.; 60 yrs. ..... mos. ..... ds.)

WRITE PLAINLY. WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December 1 (Month) (Day) (Year)

7-AGE: 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework 877
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Charles Emmalls

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Polly Cassey

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Johnson Son

(Address) 647 Park St.

Jan 31 1916

Filed ....., 191.....

CHARLES M. SINGLAIR.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 29 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 27, 1916, to January 29, 1916; that I saw ~~him~~ alive on January 28, 1916, and that death occurred, on the date stated above, at 2:45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Smith M. D.

Jan 29, 1916 (Address) 2 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 31, 1916

20-UNDERTAKER: Walter Owens

ADDRESS: 318 Myrtle Ave

C91613

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91613

CERTIFICATE OF DEATH

92

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2417 Ashland Ave. ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. East

(Residence in Baltimore: No. 2417 Ashland Ave ST.: 57 yrs. 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH August (Month) 25 (Day), 1858 (Year)

7-AGE 57 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Motorman 542
(b) General nature of industry, business, or establishment in which employed (or employer): Mutual Ry & Elec Co.

9-BIRTHPLACE (State or country): Md. Balto

PARENTS

10-NAME OF FATHER: Caleb East

11-BIRTHPLACE OF FATHER (State or country): England.

12-MAIDEN NAME OF MOTHER: Ware.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary V East

(Address) 2417 Ashland Ave.

JAN 31 1916

Filed CHARLES M. SINGLAIR REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 13, 1915, to January 29th, 1916, that I saw him alive on January 29th, 1916, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 18 ds

Contributory (SECONDARY) Cardiac Paresis

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Wm Conrad Bode, M. D.

January 30, 1916 (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Feb 1st, 1916
20-UNDERTAKER Jos B Cook	ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK.

Spec.—5-19-13—M. & T.—500 Bks.

C91614

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91614

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Irving Stein

(Residence in Baltimore: No. 917 Hollins St. St.; yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 15 (Day) 1915 (Year)

7-AGE, 8 yrs. 15 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. S. Balto Md

PARENTS.

10-NAME OF FATHER, William O. Stein

11-BIRTHPLACE OF FATHER (State or Country), W. S. Balto Md

12-MAIDEN NAME OF MOTHER, Mabel Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), W. S. Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William O. Stein

(Address) 917 Hollins St

15- Filed JAN 31 1916 191 CHARLES M. SINCLAIR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to June 30 1916, that I saw h-ei alive on June 29 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 1 ds.

(Signed) E. W. Covalaar M. D.

Jan 31, 1916. (Address) 24 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb 1st, 1916

20-UNDERTAKER Jos. Bloom ADDRESS 1003 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91015 C91015

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

Archer 28

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Dolphin St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Archer

(Residence in Baltimore: No. 232 Dolphin St.; Fife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: Sept 1 (Month) (Day), 1895 (Year)

7-AGE: 20 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John B Archer

11-BIRTHPLACE OF FATHER (State or country): Lousana

12-MAIDEN NAME OF MOTHER: Katie Gross

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Archer

(Address) 232 Dolphin St.

15- Filed JAN 31 1916, 19.. CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1916, to, Jan 28 1916, that I saw h-er alive on Jan. 28 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tubercu-
losis

(Duration) yrs 4 mos. 14 ds.

Contributory (SECONDARY) Phthisis

(Duration) yrs — mos. — ds.

(Signed), Edw. J. Wheatley M.

Jan 30, 1916 [Address] 1230 N. Fulton Ave

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Feb 1, 1916
20-UNDERTAKER: John W Henderson	ADDRESS 31 N Caroline St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91816 C91816

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 260 S. Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Cooper

(Residence in Baltimore: No. 260 S. Bethel St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	C[illegible]	Married

6-DATE OF BIRTH, ...June... (Month) 7 (Day), 1879 (Year)

7-AGE	If LESS than 1 day, ...hrs. or.....min.?
[illegible] yrs. 7 mos. 21 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boot-Black 13
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Shining Parlor

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Cooper

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Harriet Cooper

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Cooper

(Address) 127 N. Dallas St

15- Filed JAN 31 1916 191... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan... (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1916, to Jan. 28 1916, that I saw him alive on Jan. 27 1916, and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) ...yrs. 1 mos. ...ds.

(Signed) J. E. Bunn M. D.

Jan. 31, 1916 (Address) 611 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Jan 31., 1916.
20-UNDERTAKER	ADDRESS
John W Henderson	31 N Caroline st

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 55F1

C91017

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

C91017

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2017 N. Fulton Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Birmingham

(Residence in Baltimore: No. 2024 N Fulton Ave St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem | 4-COLOR OR RACE White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH October (Month) 23 (Day) 1914 (Year)

7-AGE 1 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Ralph Birmingham

11-BIRTHPLACE OF FATHER (State or country) Balto Co Md

12-MAIDEN NAME OF MOTHER Lila Blanche Bennill

13-BIRTHPLACE OF MOTHER (State or country) Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ralph Birmingham

(Address) 2027 N Fulton Ave

15- Filed JAN 31 1916 CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31, 1915, to, Jan 29 1916, that I saw h[illegible] alive on Jan 28 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hemoptysis

(Duration) yrs. 1 mos. 18 ds.

Contributory (SECONDARY) Bronchiectasis

(Duration) yrs. mos. 14 ds.

(Signed) J. Buck Joyce M. D.

Jan 30 1916. [Address] 1800 N. Mont Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL (West Liberty) Greystone Mausoleum DATE OF BURIAL Feb 1st, 1916

20-UNDERTAKER E. Roy Stiffler ADDRESS 844 W 36th St

C91618

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C91618

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N. Appleton St. St.; 15 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Griffin Franklin

(Residence in Baltimore: No. 1727 N. Appleton St.; 45 yrs. 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March (Month) 23 (Day) 1870 (Year)

7-AGE: 45 yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Foreman Printer 236
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John C. Franklin

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Marietta Sumner

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Margaret Franklin

(Address) 1727 N. Appleton St.

15-

FILED JAN 31 1916, 191.....

CHARLES M. SINCLAIR.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 191.., to, Jan 30 1916, that I saw h.... alive on Jan 29 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, Been suffering from T.B for about 3 yr. (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Exhaustion. (Duration) ..... yrs ..... mos ..... ds.

(Signed), Harry C Hunt M. D.

Jan 30, 1916 [Address] 1926 North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Baltimore. DATE OF BURIAL: Feb 2 1916

20-UNDERTAKER: Eckman & Co. ADDRESS: 1725 Pennsylvania Ave

USE—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3049 C91819

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C91819

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Cedar Road, Fairmont, Walbrook ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M. Bast

(Residence in Baltimore: No. Cedar Road, Fairmont, Walbrook St.; ..... yrs. 4 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: June 5th (Month), ... (Day), 1858 (Year)

7-AGE: 57 yrs. 6 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Teacher 775
(b) General nature of industry, business, or establishment in which employed (or employer): Public School.

9-BIRTHPLACE (State or country): Northampton County, Pennsylvania

PARENTS

10-NAME OF FATHER: Jacob Bast

11-BIRTHPLACE OF FATHER (State or country): Lehigh Co. Penna.

12-MAIDEN NAME OF MOTHER: Mary Ann Colver

13-BIRTHPLACE OF MOTHER (State or country): Lehigh Co. Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daisy B. Klein

(Address) 125 N. Second St., Reading, Pa.

15- ROBERT . KRAUTER
Burial Permit Clerk
Filed JAN 31 1916, 191...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 30 (Month), ... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1916, to, Jan 31, 1916, that I saw h.. alive on Jan 28 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) Endocarditis

..... (Duration) 3 yrs ..... mos. ..... ds.

(Signed), Daisy B. Klein M. D.

Jan 31, 1916 [Address] 1007 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedarbrook Pa. DATE OF BURIAL: 2/1/16, 191...

20-UNDERTAKER: Harvey W. Means & Co. ADDRESS: 805 N. Calvert St.

C91820

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91820

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 10 N. Mount ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Dew

(Residence in Baltimore: No. 10 N. Mount St.; 60 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Widower

6-DATE OF BIRTH, May (Month) 6th (Day), 1842 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 7 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired House
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Dew

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mc. Cleary

(Address) 10 N. Mount St.

15- Burial Permit Clerk,

Date JAN 31 1916, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Sam'l Wm. Ely M. D. (Coroner.)

Jan. 29th, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Jan. 31, 1916
20-UNDERTAKER	ADDRESS
Williams Cook	1126 E. North

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91821

CERTIFICATE OF DEATH.

28

C91821

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 316 E. Biddle ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Brandenburg

(Residence in Baltimore: No. 316 E. Biddle St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Nov. 10, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 2 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lt Harness R.
(b) General nature of industry, business, or establishment in which employed (or employer): Brunswick

9-BIRTHPLACE, (State or Country): Mindfield Cardl Co

PARENTS.

10-NAME OF FATHER, Reuben N. Conway

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A Conway

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Brandenburg

(Address) 316 E. Biddle St

15-

Filed JAN 31 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Jan 29 1916, that I saw h.. alive on Jan 29 1916, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Septic Intoxication

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) James M Benton M. D.

Jan 29, 1916 (Address) 1006 Cleveland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodbine Md — DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E Balto St

N.B.—Every item of information should be carefully supplied. And CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91822 x 50 C91822

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Johns Hopkins Hosp ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Caldwell

(Residence in Baltimore: No. Johns Hopkins Hosp ST.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ? ....., 1878.
(Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home.

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Ed. Caldwell.

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Sophia Adams

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... L. Phelps .....

(Address)..... Johns Hopkins Hosp .....

15- JAN 31 1916 Filed....., 191. ROBERT . KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 30 1916, that I saw her alive on Jan 30 1916, and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus Diabetic Coma

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY..... (Secondary)

Immediate Pneumonia (Duration) ..... yrs. ..... mos. ? ..... ds.

(Signed)..... Chas K. Cloutman M. D.

Jan 31..., 1916. (Address)..... John Hopkins Hosp .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Whitemarsh Md

19-PLACE OF BURIAL OR REMOVAL, St. Michaels Md. DATE OF BURIAL, Jan 31, 1916.

20-UNDERTAKER Isaiah L. Brown & Son ADDRESS 106 N. Montgomery St

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Stmt.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91823

CERTIFICATE OF DEATH.

170 C91823

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Mc Culloh ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Stearn (Steam)

(Residence in Baltimore: No. 1009 Mc Culloh St.: 6 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 30th (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. ..... mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Fred. Co. Md.

PARENTS.

10-NAME OF FATHER, Randolph L Pudrear

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Shriver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie I. Horner

(Address) 216 E. 39 St.

15- JAN 31 1916 Filed....., 191.... ROBERT J. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Jan 29 1916, that I saw h[illegible] alive on Jan 29 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) Chronic Nephritis

(c) .....

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis, Pneumonia (Terminal) (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Frank M. Smith M. D.

Jan. 31, 1916. (Address) 1126 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb. 1, 1916

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 120 N. Fayette

Spec.—5-19-13—M. & T.—500 Blks.

C91624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91624

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 102 E Fort Ave ST.; 24 WARD)
2-FULL NAME George Thomas Little
(Residence in Baltimore: No. 102 E Fort Ave St.; 1 yrs., mos. ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, Sept (Month) 18 (Day), 1844 (Year)
7-AGE, 71 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work, Machinist (b) General nature of industry, business, or establishment in which employed (or employer), Wash. Navy Yard
9-BIRTHPLACE, (State or Country), Balto City

PARENTS.
10-NAME OF FATHER, Thos Little
11-BIRTHPLACE OF FATHER (State or Country) Chestertown Md,
12-MAIDEN NAME OF MOTHER Sarah A Harrison
13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Laura E. Little
(Address) 102 E. Fort Ave

15- JAN 31 1916 ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1, 20 1916, to 1, 30 1916, that I saw h[illegible] alive on 1, 30 1916, and that death occurred, on the date stated above, at 4.35 a m.

The CAUSE OF DEATH* was as follows:

1. [illegible] Pneumonia
2. [illegible]
3. [illegible]

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Lagrippe

(Duration) yrs. mos. 3 ds.

(Signed) D. J. Darlington M. D.
1.31., 1916. (Address) 102 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park
DATE OF BURIAL, Feb 2, 1916
19a-UNDERTAKER E. M. Mitchell & B
ADDRESS 20th Fayette

Talk March 9. 16.

This certifies that upon Jany 30th 1916
Geo Thomas Tittle died at 102. E Fort ave
and I wrote his name as above, since he
was Christened. Now liking George he
simply called himself Thomas Tittle & in
joining the navy simply did the same
This George Thomas Tittle is the same
person as Thomas. Tittle who entered
the navy & died as aforsaid.

L J Turlington M.D.
102 E Fort ave
Attending Phy

Sworn to before me this 9th March 1916

Anna G Revoil
Notary Public

STATEM
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Stationary Fremen
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ment; it should be use
amples: (*a*) *Spinner,*
man, (*b*) *Grocery;* (*a*)
factory. The material
of the second statement
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more precise specificatio
borer, Laborer—Coal m
who are engaged in th
only (not paid *Housekee*
salary), may be entered
or *At home,* and childre
as *At school* or *At hom*
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Cook, Housemaid, etc.
changed or given up c
CAUSING DEATH, state
illness. If retired from
indicated thus: *Farmer*
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STATEMENT OF
Name, *first,* the DISEASE
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definite synonym is "Epi
gitis"); *Diphtheria* (avo
phoid fever (never repor
Lobar pneumonia; Bron
monia," unqualified, is in

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91825

CERTIFICATE OF DEATH.

91

C91825

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 713 N. Eden St ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Fenner

(Residence in Baltimore: No. 713 N. Eden St St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 8th (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Moses Fenner

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Amander Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Moses Fenner

(Address) 713 Eden St

15- JAN 31 1916 Filed..... MORRIS A. KRAUSE, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1916, to 29-1-1916, that I saw her alive on 29-1-1916, and that death occurred, on the date stated above, at 10.15 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis

Kidney trouble (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (Duration) 3 yrs. mos. ds.

(Signed) C. Mayfield Bay M. D.

29-1-, 1916 (Address) 1430 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 31, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 306 East-st

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary E. Rivera

C91526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Madison Ave ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Rivera

(Residence in Baltimore: No. 1503 Madison ave St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, July 2nd 1848, 1 (Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Stephen Sutton

11-BIRTHPLACE OF FATHER (State or Country). Maine

12-MAIDEN NAME OF MOTHER Henrietta Martin

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta McDermott

(Address) 1503 Madison Av

15- ROBERT . KRAUT

Filed JAN 31 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1st 1916, to January 30 1916, that I saw her alive on January 30 1916, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

.....Uraemia.....

.....convulsions.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions + Asthenia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Jas. McConachill M. D.

January 31., 1916. (Address) 1500 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Jan. 31., 1916.
20-UNDERTAKER	ADDRESS
Henry W. Justice Sons Co	Whitlock + Harford Sts.

N.B.—Every item of information should be carefully inquired into. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91827 C91827

CERTIFICATE OF DEATH.

113

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Mosher ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carroll

(Residence in Baltimore: No. 1107 Mosher st St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. Also, the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 14 (Day), 1849 (Year)

7-AGE, 66 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, John H Carroll

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Sophia Bonn

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Stewart

(Address) 1107 Mosher st

15- FILED JAN 31 1916 ROBERT T. KRAUTHOFF, Special Deputy Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14 1915, to Jany 29 1916, that I saw her alive on Jany 29 1916, and that death occurred, on the date stated above, at 6 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Laryngitis

(Duration) yrs. mos. 10 ds.

(Signed) C K Davis M. D.

Jany 29 1916 (Address) 922 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Feby 1, 1916.

20-UNDERTAKER Henry W. Jenkins Sons

ADDRESS Sulloh & Orchard Sts.

Katherine Benda.

Spec.—8-24-14—M. & T.—2000 Bks.

C91828

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91828

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Luzerne Ave 5TH 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Benda

(Residence in Baltimore: No. 805 N. Luzerne Ave St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Not Known ..... 1 .....
(Month) (Day) (Year)

7-AGE, ... 65 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Base

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Charles Benda

(Address). 805 N. Luzerne Av

15- ROBERT J. KRAUTER,
Filed JAN 31 1916 191 Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 30 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1914, to Jan 30 1916, that I saw her alive on Jan 24 1916, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

..... Chronic nephritis .....

..... (Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) — yrs. — mos. 4 ds.

(Signed) ..... Emil Novak ..... M. D.

Jan 30, 1916 (Address) 805 N Luzerne Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER Frank Brach & Son — ADDRESS 1911 Eastlake

N. B.—Every item of information should be carefully supplied. Also the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91829

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91829

CERTIFICATE OF DEATH.

102

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Walter

(Residence in Baltimore: No. 1322 Harlem Ave St.: ....yrs. 9 mos. ....da.)

N.B.—Every item of information should be carefully supplied. As the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...Unknown...., 1871
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer): 262

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Geo Walter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lydia Newman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Walter

(Address) 1322 Harlem Ave

15- JAN 31 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan...., 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1916, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 1916, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

....

....Perforated Pyloric Ulcer....

....(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis & Exhaustion

....(Duration) ....yrs. ....mos. 7 ds.

(Signed) W Houston Jordan M. D.

Jan 31, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1320 Harlem ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmt Cemy	Feb 2, 1916.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91830 C91830

CERTIFICATE OF DEATH.

* 28

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Andrew Johnson

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. 9 ds.)

Unknown Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Male

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6—DATE OF BIRTH, ... Unknown (Month) (Day), 1855 (Year)

7—AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamship

9—BIRTHPLACE, (State or Country). Norway

PARENTS.

10—NAME OF FATHER, John Johnson

11—BIRTHPLACE OF FATHER (State or Country). Norway

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country). Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) The deceased

(Address).....

15— FILED JAN 31 1916 BURIAL PERMIT GIVEN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, ... Jan. (Month) 28 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Jan 28 1916, that I saw h. in alive on Jan 28 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. Unknown ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Howard Royalla M. D.

1/29, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. 9 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Steamship Stanistan

19—PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, Jan 1, 1916.

20—UNDERTAKER Jos B Katz ADDRESS 1003 W Baltimore St

N.B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91831 C91831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Reed

(Residence in Baltimore: No. 740 East Fayette St.; Like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE About 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer) domestic duties

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Geo. Phebit

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Reed

(Address) 740 N. Fayette

15-

Filed JAN 31 1916, 191.... HARRY O. ANDREUS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 27 1916, to Jan'y 30th 1916, that I saw h— alive on January 30th 1916, and that death occurred, on the date stated above, at 8 5 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY. Chronic Parenchymatous
(Secondary)
Nephritis and Myocarditis

(Duration) yrs. mos. ds.

(Signed) Millard L Rasmore M. D.

Jan'y 30, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 52 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown to me.

Former or usual residence 740 E. Fayette St. Balt.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER N J Zickenfoose ADDRESS North Pa

N. B.—Every item of information should be carefully supplied. Address in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91832

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C91832

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1028 Granby ST.: 3 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Snyder

(Residence in Baltimore: No. 1028 Granby St.: 1 yrs., 7 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 9, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Israel Snyder

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Snyder

13-BIRTHPLACE OF MOTHER (State or Country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Israel Snyder

(Address) 1028 Granby St.

15-JAN 31 1916 MARY O. ANDREWS,
Filed....., 191... Special Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration).....yrs.....mos. 20 ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. W. Street M. D.
(Coroner.)

Jan 31, 1916 (Address) 316 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

INTERMENT, REMOVAL OR CREMATION.	DATE OF BURIAL,
Herring Run Lem	1/31, 19 16.
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Baltimore

C91833

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91833

CERTIFICATE OF DEATH

92

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 312 E 23d ST.: 17 WARD)

2-FULL NAME Hubert Thompson

(Residence in Baltimore: No. 312 E 23d St.; 20 yrs. mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Jan 2 (Month), 1899 (Day) (Year)

7-AGE: 20 yrs. mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk in office
(b) General nature of industry, business, or establishment in which employed (or employer): Pile water line Cement Co.

9-BIRTHPLACE (State or country): Balto. City Md

PARENTS

10-NAME OF FATHER: Wm C Thompson

11-BIRTHPLACE OF FATHER (State or country): St Mary Co. Md.

12-MAIDEN NAME OF MOTHER: Lelia S Baker

13-BIRTHPLACE OF MOTHER (State or country): Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William C Thompson

(Address) 312 E 23 Street

15. Filed JAN 31 1916, 191 — HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to Jan 30 1916.
that I saw him alive on Jan 29, 1916.
and that death occurred, on the date stated above, at 5.30A m.
The CAUSE OF DEATH* was as follows:

1 Influenza

(Duration) ..... yrs. ..... mos. 20 ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

Pericarditis

(Signed), Harry S Beck M. D.

Jan 31, 1916 (Address) 206 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Feb 1, 1916

20-UNDERTAKER: Robert J. Turner — ADDRESS: 1402 Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH ONE EXCEPTION

Spec.—8-24-14—M. & T.—2000 Bks.

C91834

HEALTH DEPARTMENT—CITY OF BALTIMORE

132 C91834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 729 S Ellwood ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gross

(Residence in Baltimore: No. 729 S Ellwood ave St.; ....yrs,....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, Jan 31st (Month), (Day), 1916 (Year)

7-AGE, ...yrs....mos....da. If LESS than 1 day, ..hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John T Gross

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T Gross

(Address) 729 S Ellwood

15- JAN 31 1916 Filed..... 191. HARRY O ANDREWS, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Jan 31 1916, that I saw h[illegible] alive on Jan 31 1916, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Compression of Cord

Several hours (Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary) Apoplexia

[illegible] (Duration) ....yrs....mos....da.

(Signed) W. L Burke M. D.

Jan 31, 1916 (Address) 3042 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick's | DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER John A Moran | ADDRESS Bank [illegible]

N. B.—Every item of information must be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91835

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C91835

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Park Ave. ST.: 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Marriott Cushing.

(Residence in Baltimore: No. 605 Park Ave.

St.: 49 yrs., 7 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow.

6-DATE OF BIRTH, July (Month) 18 (Day), 1866 (Year)

7-AGE, 49 yrs. 7 mos. 11 da.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Wm. H. Marriott

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Sophia E. Boyd.

13-BIRTHPLACE OF MOTHER (State or Country). New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. W. Cushing, (son)

(Address) Woodbrook, Md.

15-

Filed JAN 31 1916 HARRY C ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1914, to Jny 29 1916, that I saw h[illegible] alive on Jny 29 1916, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis,

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy Left Ventricle Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) J. W. Cushing M. D.

1/31, 1916 (Address) 211 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL. Feb'y, 1, 1916.

20-UNDERTAKER Stewart & Mowen Com'y.

ADDRESS 108 W. North Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91836

CERTIFICATE OF DEATH.

28 C91836

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Shafer

(Residence in Baltimore: No. St. Vincent's Infant Asylum Catherine St.; 1 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Sept. ..... (Month) ..... (Day) ....., 1914 (Year)

7-AGE, 1 yrs. 4 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. General Hospt.

(Address) Loudenslager Ave

15- JAN 31 1916 1916 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. ..... (Month) 31, ... (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1915, to Jan. 31 1916, that I saw her alive on Jan. 31, 1916, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) ..... yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... F. C. Mosle ..... M. D.

Jan. 31, 1916. (Address) Md. Genl. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 27 ds. In the State 1 yrs. 4 mos. 27 ds.

Where was disease contracted, if not at place of death? St Vincents Inf-Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral | DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER Braulin Fahey & Sons | ADDRESS 606 Lafayette Ave

N.B.—Every item of information should be carefully supplied. Any CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

...erly classified. Exact statement of OCCUPATION is very

C91837

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91837

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 902 Stirling ST.: 10 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Wallace Burke

(Residence in Baltimore: No. 902 Stirling St.: 2 yrs. 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: July 7th 1913 (Month) 7 (Day), 1913 (Year)

7 AGE: 2 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas W. Burke

11 BIRTHPLACE OF FATHER (State or country): Jamaica. B. W. I.

12 MAIDEN NAME OF MOTHER: Margaret L. Brown

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. W. Burke.

(Address) 902 Stirling St. City.

JAN 31 1916

Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 31st (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 24th Jan. 1916. to. 31st 1916.
that I saw him alive on 31st .1916.
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed). E. G. Glover M. D.

Jan 31st 1916 (Address) 1224 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Laurel Keys

DATE OF BURIAL: Feb 1st, 1916

20 UNDERTAKER: Samuel Glenister

ADDRESS: 57 E. Biddle

Spec.—8-24-14—M. & T.—2000 Blks.

C91838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C91838

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reese

(Residence in Baltimore: No. 726 E Biddle St ST.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Nov. (Month) 3 (Day) 1859 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 10 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Harness maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Reese

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Evans

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hospital

(Address)..... Court & E.

15- JAN 31 1916 Filed....., 191.

HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Jan 29 1916, that I saw h.. alive on Jan 29 1916, and that death occurred, on the date stated above, at 12.5 C m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Duration ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Edward V. Smith M. D.

Jan 29, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death? 726 E Biddle St

Former or usual residence 726 E Biddle St

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cem Govans — DATE OF BURIAL, Feb. 1, 1916.

20-UNDERTAKER Chas F. Evans & Son — ADDRESS 118 W. Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91839

CERTIFICATE OF DEATH.

92 C91839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Wilkins Ave ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Kern

(Residence in Baltimore: No. 2642 Wilkins Ave St.; Lifetime yrs.; mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 16 (Day), 1860 (Year)

7-AGE, 55 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Grimm

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Mary Bruning

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Peter Kern

(Address)... 2642 Wilkins Ave

15- Filed JAN 31 1916 HARRY G. ABRAMS, 191... Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 1916, and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration).....yrs.....mos. 1 ds.

(Signed) Harry Glassman M. D.

Jan. 31, 1916. (Address) 2687 Wilkins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER Thos. Jas. W. Twyford ADDRESS 801 W. Fayette

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5,000 Blks.

C91840

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91840

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August B. Coggan

(Residence in Baltimore: No. 1218 N Bond St. St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 3 (Day), 1891 (Year)

7-AGE, 24 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stenotypist 224
(b) General nature of industry, business, or establishment in which employed (or employer)..... Municipal Office

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

19-NAME OF FATHER, Wm N. Coggan

11-BIRTHPLACE OF FATHER (State or Country). Was D. C.

12-MAIDEN NAME OF MOTHER Elizabeth Stone

13-BIRTHPLACE OF MOTHER (State or Country), Was D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos F. Coggan

(Address) 250 W. Balto St.

15- JAN 31 1916 Filed....., 191.. MARY O. ANDREWS, Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to Jan 30 1916, that I saw h m alive on Jan 30 1916, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pulmonary Edema

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

(Signed) Oscar V. Pinkert M. D.

Jan 30, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1218 N. Bond St

19-PLACE OF BURIAL OR REMOVAL. Glenwood Cem Washington D. C.

DATE OF BURIAL. Feby 2 191.6

20-UNDERTAKER Harry W. Ebbert

ADDRESS 1944 [illegible]

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C91841

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 439 East Lanvale Street St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Ward

(Residence in Baltimore: No. 438 East Lanvale Street St.; 54 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: March (Month) -- 1843 (Day) / (Year)

7-AGE: 72 yrs. 10 mos. -- ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Wilson G. Horner

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Annie Bowers

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. P. Kelly

(Address) 2002 Boone St.

15- Filed JAN 31 1916 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1916, to, Jan 29 1916, that I saw h.s alive on Jan 29 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

..... (Duration) 2 yrs ..... mos. ..... ds.

Contributory (SECONDARY) Myocarditis

..... (Duration) 20 yrs ..... mos. ..... ds.

(Signed) James M. Denton M. D.

Jan 31 1916. [Address] 700 E. Chase St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Feb 1 191 6

20-UNDERTAKER: Henry W. Meads

ADDRESS: 1251 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91842

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91842

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Lancaster ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Barciska

(Residence in Baltimore: No. 1707 Lancaster St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1822 (Year)

7-AGE, 84 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Barcisk Ri

(Address) 705 S. Ann St

15-

Filed JAN 31 1916, 191. BUREAU OF VITAL STATISTICS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26 1916, to January 27 1916, that I saw h alive on January 27 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) M. D.

January 31 1916 (Address) 722 S. Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary; DATE OF BURIAL, Feby. 1st, 1916

20-UNDERTAKER Mt. Sadowski ADDRESS 705 S. Ann St

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91843

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91843

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH
(CITY) OF BALTIMORE (No. 723 S. Broadway ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Price

(Residence in Baltimore: No. 723 S. Broadway St.; yrs. 39 mos. ... dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Widow

6-DATE OF BIRTH, Nov. (Month) ..... (Day), 1876. (Year)

7-AGE, 76 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Price

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Beck

(Address) 431 N. Lakewood Ave.

15- JAN 31 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... January (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... Inquest ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.) and that said deceased came to ... her ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Wade H. Davis M. D. (Coroner.)

Jan 31, 1916 (Address) 1729 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Jan 16, 1916.

20-UNDERTAKER	ADDRESS
M. F. Sadowski	405 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91944 — ×79 C91841

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs C. Gunell Miller

(Residence in Baltimore: No. Union Prot Infirmary St.; — yrs., — mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... Aug. (Month) ... 13 (Day), 1871 (Year)

7-AGE, 44 yrs. 5 mos. 18 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Berkley Co, W Va

PARENTS.

10-NAME OF FATHER, Richard H Bryarly

11-BIRTHPLACE OF FATHER (State or Country), Berkley Co. W. Va

12-MAIDEN NAME OF MOTHER, Mary Payne

13-BIRTHPLACE OF MOTHER (State or Country), Berkley Co. W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno L. Cannon M D.

(Address) Harpers Ferry W. Va

15- Filed FEB 1 - 1916 by MARY O. ABLEWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 31 1916, that I saw h.e alive on Jan 31 1916, and that death occurred, on the date stated above, at 10 20 p m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism ??

(Duration) yrs. mos. ds.

(Signed) J. Parran Chandler M. D.

Jan. 31, 1916. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Martinsburg W. Va.

19-PLACE OF BURIAL OR REMOVAL, Harpers Ferry W. Va — DATE OF BURIAL, 2-1, 1916

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS McCulloh & Orchard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91645

CERTIFICATE OF DEATH.

+81 C91645

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jay Escher

(Residence in Baltimore: No. Chase & Charles St St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jany (Month) 18 (Day) 1855 (Year)

7-AGE, 61 yrs. ..... mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Otto Escher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gutermann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney Escher

(Address) New York

15- Filed FEB 1 - 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1916, to to January 31 1916, that I saw him alive on January 31 1916, and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:

1. Endocarditis 1 Week
Arteriosclerosis (? years)
2. Adenitis 1 year (Duration) ..... yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Edwin Fussell M. D.

Jan. 31, 191.6 (Address) 12 W. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? New York

Former or usual residence New York

19-PLACE OF BURIAL OR REMOVAL, New York

DATE OF BURIAL, Feby 1st, 191.6

20-UNDERTAKER Hart & Sondheim

ADDRESS 118 Park Ave

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Remarks

body to 118 W. Mt Royal Ave

JOHN D. BLAKE M. D.
COMMISSIONER OF HEALTH
Per J R

JULIUS FRIEDENWALD, M. D.
1013 N. CHARLES STREET

HOURS: 10 A. M. - 1

BALTIMORE, Feb. 18, 1916.

C 91.84

Health Commissioner of Baltimore, City.

Baltimore, Md.

Dear Doctor:-

This is to certify that on account of definite information which I have received, I am justified in believing that Mr. Max Oscher was affected with arterio-sclerosis for two years instead of ten years. Will you kindly make this correction in the death certificate?

Very sincerely,

Julius Friedenwald

Sworn and Subscribed to
before me this 18th
day of February - 1916

William E. Schuh.
Notary Public

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91646 x41 C91846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Sidney Heller

(Residence in Baltimore: No. 1514 Division St (A.P.I.) St.; ...yrs, ...mos. 8 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, May (Month) 9 (Day), 1872 (Year)

7-AGE, 53 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing 655

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jonas Heller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Frank

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15- Filed FEB 1 - 1916, 191.. HARRY S. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Jan 31 1916, that I saw him alive on Jan 31 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma S. colon
(Operation Jan. 27, 1916.)

(Duration) ...yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Paralytic ileus

(Duration) ...yrs. ...mos. 1/2 ds.

(Signed) R. T. Kreffen M. D.

Jan 31, 1916 (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Washington, D.C.

19-PLACE OF BURIAL OR REMOVAL Washington D.C. DATE OF BURIAL Feb 1., 191.6

20-UNDERTAKER Howard Sondheim ADDRESS 1911 Madison Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91847 — 78 C91847

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nefkesk

(Residence in Baltimore: No. 1604 Thames St St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1876 (Year)

7-AGE, 40 yrs. unknown mos. ..... ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Railroad Sub
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed FEB 1 - 1916 191... ROBERT F. KRAUTHEIM, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Jan 28 1916, that I saw h[illegible] alive on Jan 28 1916, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Cardiac Affection

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hunter M. D.

1-29, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1604 Thames St.

19-PLACE OF BURIAL OR REMOVAL, Mrs Evergreens — DATE OF BURIAL, 1-31-16, 191...

20-UNDERTAKER ..... ADDRESS .....

UNIVERSITY HOSPITAL — FEB 1 - 1916

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91848 C91848

CERTIFICATE OF DEATH. 91

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1008 N. Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bell Hutchins

(Residence in Baltimore: No. 1008 N. Carey St.; 2 yrs., 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, November 8, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Hutchins

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Nannie Duffin

13-BIRTHPLACE OF MOTHER (State or Country), Cabell Co. Wva

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nannie Hutchins
(Address) 1008 N. Carey St.

15- FILED FEB 1 - 1916 ROBERT . KRAUTH, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Jan 30 1916, that I saw h er alive on Jan 30 1916, and that death occurred, on the date stated above, at 10 54 m.

The CAUSE OF DEATH* was as followa:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ... yrs. ... mos. 1 ds.

(Signed) T. E. Daugherty M. D.

1/31, 191.6 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 1, 1916.

20-UNDERTAKER James H Downy — ADDRESS 1303 Riggstown

N.B.—Every item of information should be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C91849

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C91849

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1655 Friendsbury street, ST. 15 WARD)

2-FULL NAME Annie E. Brown,

(Residence in Baltimore: No. 1715 Pressbury street, St.; 14 yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, December ?, 1?
(Month) (Day) (Year)

7-AGE, 55? yrs. 1 mos. ? ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Family 84+
(b) General nature of industry, business, or establishment in which employed (or employer): laundress.,

9-BIRTHPLACE, (State or Country), Washington, D. C.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles R. Brown, husband,

(Address) 1715 Pressbury street.

15- FEB 1 - 1916 Filed....., 191.... ROBERT . KRAUTHE, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 29th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Valvular heart disease,
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) A. Frederick Koenig M. D.
(Coroner.)

Jan. 30, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER James H Dunn

ADDRESS 1303 Pennsylvania

C91850

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C91850

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Foster Ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schroeberlein

(Residence in Baltimore: No. 2520 Foster Ave St.; Life yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 1st (Day) 1856 (Year)

7-AGE: 59 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Balto. City Md

PARENTS

10-NAME OF FATHER: Jacob Heusler

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Christina Sauser

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Conrad Schroeberlein

(Address) 2520 Foster Ave

FEB 1 - 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 30th (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1916, to, Jan 30 1916, that I saw her alive on Jan. 30 1916, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteria Sclerosis

Indefinite (Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. Albert Miller M. D.

Jan 31 1916. [Address] 2739 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: Feb 2nd 1916

20-UNDERTAKER: L. Sander Sons ADDRESS: 1710 Fleet St

C91851 C91851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M. Philomena Ward

(Residence in Baltimore: No. St. Elizabeth's Home - Courtland St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.)
Female.	White	Single

6-DATE OF BIRTH, 7 (Month) (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious.
(b) General nature of industry, business, or establishment in which employed (or employer): 786

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER, — Ward.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cushman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Mother Mildred

(Address) St. Elizabeth's Home

15- Filed FEB 1 - 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ~~Inquest~~ Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) yrs. mos. ds.

(Signed) Thos. P. Shanahan M. D. (Coroner.)

Jan. 31, 191 6 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Feby 1st, 1916
20-UNDERTAKER Henry W. Jenkins & Son's Co	ADDRESS 1911 Eutaw & Orchard Sts.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91852

CERTIFICATE OF DEATH.

45 C91852

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington Sadler

(Residence in Baltimore: No. 537 N Carey St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1848 (Year)

7-AGE, 67 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Factory 1st)
(b) General nature of industry, business, or establishment in which employed (or employer) Cigar maker

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George M. Sadler

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Martha A Briscoe

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret M Sadler

(Address) 537 N. Carey

15- Filed FEB 1 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Jan 29th 1916, that I saw him alive on Jan 28th 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Glandular Carcinoma
of the Neck Primary Unknown

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto B Wolff M. D.

Jan 29, 1916. (Address) 1202 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. BALTIMORE CEMETARY. DATE OF BURIAL. FEB 1 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91853 C91853

CERTIFICATE OF DEATH.

78

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 S Wolfe St.; WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Browning

(Residence in Baltimore: No. 524 S. Wolfe St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 2nd (Day), 1879 (Year)

7-AGE, 36 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Neumeier

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary Kleam

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L Browning

(Address) 524 S Wolfe

15- Filed FEB 1 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm M. Harris (Coroner.) M. D.

Jan. 31st, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, February 2, 1916

20-UNDERTAKER Randall & Oppenheimer — ADDRESS 27 Dennis St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PEN AND INK.

Spec.—8-24-14—M. & T.—2000 Bks.

C91854

HEALTH DEPARTMENT—CITY OF BALTIMORE

1915
49

CERTIFICATE OF DEATH.

92 C91854

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1719 Latrobe ST.; 17 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Fiehrer

(Residence in Baltimore: No. 1719 Latrobe St.; 27 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... March 13, 1866
(Month) (Day) (Year)

7-AGE, ... 49 yrs. 10 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gottlieb Bemberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frances Wollwarth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Fiehrer

(Address) 1719 Latrobe St

15- FEB 1 - 1916 ROBERT KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916 to Jan 31 1916, that I saw h er alive on Jan 31 1916, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Secondary Heart failure

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) heart failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

Feb 1, 191 6 (Address) 2031 W. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL, Feb. 1, 1916.

20-UNDERTAKER Chas. W. Dill. — ADDRESS 2109 Fredk. Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91855 — 145 — C91855

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 422 S Wolff. St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna K. Albert

(Residence in Baltimore: No. 422 S Wolf. St.: — yrs. — mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan (Month) 13 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Geo A Albert

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Barra Fittig

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr Geo A Albert
(Address) 422 S Wolf St

15-
Filed FEB 1 - 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 31 1916, that I saw h[er] alive on Jan 29th 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) ...yrs...mos. 10 ds.

CONTRIBUTORY (Secondary) Erysipelas Multiforme

(Duration) ...yrs...mos. 13 ds.

(Signed) A L Tomlinson M. D.

Jan. 31, 1916 (Address) 213 Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
I St Herman	Feb 1, 1916
20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern

N.B.—Every item of information should be carefully supplied. ALL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91856 C91856

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Laurence St ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Raul Thomas

(Residence in Baltimore: No. 1627 Laurence St St.; 35 yrs., 0 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 20th, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 0 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 97
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery

9-BIRTHPLACE, (State or Country), Ind. Balto

PARENTS.

10-NAME OF FATHER, Alonzo Thomas

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Annie Hitchcock

13-BIRTHPLACE OF MOTHER (State or Country), Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie R Thomas

(Address) 1627 Laurence St

15-
Filed FEB 1 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12th 1915, to January 31st 1916, that I saw h— alive on Jan 30th 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

..... (Duration) ?yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Jas A. Hungerford M.D.

Jan 31st 1916 (Address) 2537 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Feb 2....., 191.6.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91857

CERTIFICATE OF DEATH.

90

C91857

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Walbrook ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles V. Pierpoint

(Residence in Baltimore: No. 4104 Walbrook St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, March 21, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Truck

9-BIRTHPLACE, (State or Country), Baltimore Co Md

PARENTS.

10-NAME OF FATHER, Charles Pierpoint

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles M. Pierpoint

(Address) 4104 Walbrook Street

15- FEB 1 - 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Jan 31 1916, that I saw him alive on Jan 31 1916, and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard Jones M. D.

Jan. 31., 1916 (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Feb 1., 1916.

20-UNDERTAKER Wm. Cook. — ADDRESS 512 E. Northam

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-23-14—M. & T.—1,000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91858

CERTIFICATE OF DEATH.

91 C91858

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.: 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
2-FULL NAME Carrie Williams
(Residence in Baltimore: No. 876 N Gilmor St St.: 24e yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Black
5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single
6-DATE OF BIRTH. Unknown (Month), 1 (Day), (Year)
7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housework (b) General nature of industry, business, or establishment in which employed (or employer). at Home
9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, John Williams
11-BIRTHPLACE OF FATHER (State or Country). Md.
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs John Smith
(Address) 1126 Greenmount Ave

15-Filed FEB 1 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 22 1916, to Feb. 1 1916, that I saw her alive on Feb. 1 1916, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward J. Smith M. D.

Feb. 1, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 876 N Gilmor St
Former or usual residence 876 N Gilmor St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, 2-3..., 191 6.
20-UNDERTAKER Wm M. Gawthrop — ADDRESS 1624 Mt Royal Ave

N. B.—Every item of information should be carefully considered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91859 — 109 — C91859

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Connelly

(Residence in Baltimore: No. 42 E Heath St. St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 16, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. 15 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Dan'l Connelly

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Lack

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mc Connelly

(Address) 42 E. Heath St.

15- FEB 1 - 1916 191.....

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Jan 31 1916, that I saw h.. alive on Jan 31 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Intestinal Obstruction

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W Houston Paulson M. D.

Jan 31, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 42 E Heath St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	...2/1..., 1916
20-UNDERTAKER J. Frew McCully	ADDRESS 39 E. Fort

N.B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

C91860

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C91860

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1137 Watson ST.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Stewart

(Residence in Baltimore: No. 1137 Watson St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH: 1 (Month) 30 (Day), 1848 (Year)

7 AGE: 68 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Anna Arundel Co. Md

PARENTS

10 NAME OF FATHER: John Stuart

11 BIRTHPLACE OF FATHER (State or country): Anna Arundel co

12 MAIDEN NAME OF MOTHER: Sarah Stuart

13 BIRTHPLACE OF MOTHER (State or country): Anna Arundel co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Stewart

(Address) 16 S. Bethel st

FEB 1 - 1916

Filed ....., 191.... ROBERT J. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1916, to Jan 30 1916, that I saw him alive on Jan 30, 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) —— Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) J Wade M. D.

1-30, 1916 (Address) 118 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: Feb 1, 1916

20 UNDERTAKER: J. C. Frost — ADDRESS: 905 Madeira St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91861 C91861

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Mc Elderry ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis Robinson

(Residence in Baltimore: No. 1426 Mc Elderry St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col. A. & I.	Single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster 62
(b) General nature of industry, business, or establishment in which employed (or employer).... Handling Wood

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. G. Gross

(Address) 1405 Mc Elderry St

15-FEB 1 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 30, ..., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to Jan. 30, 1916, that I saw him alive on Jan. 29, 1916, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia?

(Duration) ....yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia?

(Duration) ....yrs. mos. 1 ds.

(Signed) E. K. Bowman M. D.

Jan 31, 191 6 (Address) 611 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	Feb. 2..., 1916.
20-UNDERTAKER, R. G. Gross	ADDRESS 1405 Mc Elderry St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91862

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91862

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospitale ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bogdan

(Residence in Baltimore: No. 1104 S. Lakewood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	White	Married

6-DATE OF BIRTH, unknown, ... (Month) ....., 1..... (Day) (Year)

7-AGE.	If LESS than 1 day,
32 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 1 - 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26th 1916, to January 30 1916, that I saw h[illegible] alive on January 30 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Marcus Astra M. D.

January 30, 1916. (Address) Hebrew Hospitale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1404 S. Lakewood Ave

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER [illegible]

ADDRESS FEB 1 - 1916

Commissioner Health.

Deputy Health Officer.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91863

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91863

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; (4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle C Allen

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 25, 1915
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Collins

11-BIRTHPLACE OF FATHER (State or Country), District of Columbia

12-MAIDEN NAME OF MOTHER Erma Reves

13-BIRTHPLACE OF MOTHER (State or Country), District of Columbia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Erma Collins

(Address) Washington D C

15-

Filed....., 191...

....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1915
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to Jan 28 1915, that I saw h[illegible] alive on Jan 27 1915, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Malnutrition
Premature birth

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs....mos....ds.

(Signed) Edward W Smith M. D.

June 28, 1915. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 3 ds. In the State ....yrs....mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mercy Hosp

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

Per Wm E. WOODALL

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91864 C91864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas R. Bailey

(Residence in Baltimore: No. University Hosp. St.; 5' yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 13th, 1856
(Month) (Day) (Year)

7-AGE, 59 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... owner

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. A. Bailey

(Address) 2236 N. Calvert St.

15-

Filed ROBERT J. KRAUTER, Registrar.
Chief Clerk and Permit Officer

FEB 1 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Feb 1 1916, that I saw him alive on Feb 1 1916, and that death occurred, on the date stated above, at 11.35 A m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Nephritis

(Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. L. Richards M. D.

2-1, 1916. (Address) University Hospital Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State 59 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Aberdeen Md.

Former or usual residence Aberdeen Md.

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md — DATE OF BURIAL, Feby. 4., 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91865 HEALTH DEPARTMENT—CITY OF BALTIMORE C91865

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Fremont ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME James O. Donnelly.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 S Fremont ave St.; ... yrs. ... mos. 5 ds.) life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 30, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Oliver Bounds

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Fell

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alma Donnelly

(Address) 219 S. Fremont St.

NOTARY PUBLIC KRAUTER, Notarial Seal Expires Oct. 1916

Filed FEB 1 - 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 16 1916, to Feb. 1 1916, that I saw h[illegible] alive on January 31, 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ... yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ... yrs. ... mos. 13 ds.

(Signed) J. M. Dilcrest M. D.

Feb. 1, 1916 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy | DATE OF BURIAL. Feb. 2nd 1916.

20-UNDERTAKER Jno A Moran | ADDRESS Balto & Amity

N.B.—Every item of information should be carefully supplied. ACCURATE information as to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91866 C91866

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Walbrook Ave ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Meyers Miller.

(Residence in Baltimore: No. 2024 Walbrook Ave St.; 9 yrs., 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 8 (Month), (Day), 1906 (Year)

7-AGE, 9 yrs. 3 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clinton J Miller.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie M. Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Myers

(Address) 20 24 Walbrook Ave

15- Filed FEB 1 - 1916 ROBERT . KRAUTHS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 31st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17th 1916, to January 31st 1916, that I saw h[illegible] alive on January 30 1916, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Acute Lymph. Endocarditis

(Duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. A. Fisher M. D.

January 31, 1916 (Address) 12 E. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER Wm A Rohde & Son ADDRESS 130 Paca

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91867

CERTIFICATE OF DEATH.

10

C91867

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1028 N. Dallas ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth W. Pittroff

(Residence in Baltimore: No. 1828 N. Dallas St. St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 19[illegible], 1830 (Month) (Day) (Year)

7-AGE. 85 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Rahm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Engelbrecht

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anne Schunke

(Address) 1028 N. Dallas St.

15- FEB 1 - 1916 ROBERT J. KRAUTHOFF

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30th, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 20th 1916, to January 30th 1916

that I saw her alive on January 30th 1916.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Grip

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Advanced Age

(Duration) yrs. mos. ds.

(Signed) Mathilde A. Meyer M. D.

January 31st 1916, (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Feb. 2, 1916.
20-UNDERTAKER	ADDRESS
Henry Koeck & Son	1301 E. Eager

N. B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91868

CERTIFICATE OF DEATH.

39 C91868

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Somerset ST.; 10 WARD)

2-FULL NAME Adam. S. Müller

(Residence in Baltimore: No. 1002 Somerset St.; 63 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec. 26, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 48

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Michael Müller

(Address) 1002 Somerset St.

15- ROBERT . KRAUTHER,

Filed FEB 1 — 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17th 191 5, to Jany 31st 1916, that I saw him alive on Jany 30th 1916, and that death occurred on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Cause of the Left Fossil

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Stoner M. D.

Feb. 1st, 191... (Address) 1501 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb. 3, 1916.
20-UNDERTAKER	ADDRESS
Henry Boeck & Son	1301 E. Eager St.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91869

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91869

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Donahue

(Residence in Baltimore: No. 1303 N. Wilcox St.; 15 yrs. 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 12 (Month), (Day), 1900 (Year)

7-AGE, 15 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Donahue

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Leary

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Donahue

(Address) 1303 Wilcox St.

15- Filed FEB 1 - 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1916, to February 1 1916, that I saw h[illegible] alive on February 1 1916, and that death occurred, on the date stated above, at 1¼ a.m.

The CAUSE OF DEATH* was as follows:

~~Tuberculosis~~ Meningitis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) M. Marcus Astrue M. D.

2/1, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Of 1303 N. Wilcox St.

Former or usual residence 1303 N. Wilcox St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, February 4, 1916

20-UNDERTAKER Henry Hoen & Son — ADDRESS 1301 E. Eager St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91870

CERTIFICATE OF DEATH.

92 C91870

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 746 N. Patterson Pk Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lackner

(Residence in Baltimore: No. 746 N. Patterson Pk Ave St.; 28 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Sept (Month) 3rd (Day), 1865 (Year)

7-AGE, 50 yrs. 4 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor in 835
(b) General nature of industry, business, or establishment in which employed (or employer): Bxsting House Elec. Mfg Co,

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Charles Lackner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Eskele

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Lackner

(Address) 746 N. Patterson Pk Ave

15-

Filed FEB 1 - 1916, 191.. ROBERT T. KRAUTNER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 1916, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1½ ds.

(Signed) [signature] M. D.

Jan 31, 191.. (Address) 827 N. Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Feb 2, 191.. 6

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91871 C91871

CERTIFICATE OF DEATH

1 20

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1109 St Paul St ST. 11 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Virginia Hardesty

(Residence in Baltimore: No. 1109 St Paul St St.: 64 yrs. ..... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: January 13th, 1852 (Month) (Day) (Year)

7-AGE: 64 yrs. ..... mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home.
(b) General nature of industry, business, or establishment in which employed (or employer): Home.

9-BIRTHPLACE (State or country): Baltimore City Md

PARENTS

10-NAME OF FATHER: Richard S. Hardesty

11-BIRTHPLACE OF FATHER (State or country): Anne Arundell Co. Md

12-MAIDEN NAME OF MOTHER: Elizabeth A. Orme

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard A Thompson

(Address) 1109 St Paul St

15. Filed FEB 1 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 31st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 191.., to Jan 31st 1916, that I saw h.. alive on Jan 31st, 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas A Shaw M. D.

Feb 1st, 1916 (Address) 1057 Park St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	2-2 ....., 1916
20-UNDERTAKER Henry Jenkins Son & Co	ADDRESS Arlington Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91872

CERTIFICATE OF DEATH.

126 C91872

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Jas. McHenry Howard.

(Residence in Baltimore: No. 939 St. Paul St. St.; ...yrs...mos...ds.)

Phy

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 26, 1839.
(Month) (Day) (Year)

7-AGE, 76 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Maryland

PARENTS.

10-NAME OF FATHER, Jas. Howard.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Ross

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Fuller

(Address) Johns Hopkins Hosp.

15- Filed FEB 1 - 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5 1915, to Jan 31 1916, that I saw h- alive on Jan 31 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs...mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis, hypostatic

(Duration) ?...yrs...mos...ds.

(Signed) Edward A. Davis M. D.

Jan 31, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 2 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 939 St Paul St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, 2-2-, 1916

20-UNDERTAKER H. D. Jenkins Sons Co

ADDRESS Orchard Mt. Cullen

R. S.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C31873 C31873 170

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 E Lanvale ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvira M Cooper,

(Residence in Baltimore: No. 1639 E Lanvale St

St.; 25 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1825 (Year)

7-AGE, 90 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Hampton Va

PARENTS.

10-NAME OF FATHER, Alex Jones.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George Cooper

(Address) 1639 E Lanvale St

15- FEB 1 - 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 31 1916, that I saw h'er alive on Jan. 31 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

..... Acute Oedema of Lungs

.....

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) Not Known ds.

(Signed) D Hunter Welsh M. D.

1-1, 1916. (Address) 725 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Feb 5 ....., 191..
20-UNDERTAKER Williams Bros	ADDRESS 1723 W Lanvale

N. B.—Every item of information should be carefully supplied. AGE, sickness, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91874

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91874

1 PLACE OF DEATH — Registered No. C 94

City of Baltimore (No. 603 N Bond St.: 7 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick Horning

(Residence in Baltimore: No. 603 N Bond St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Sept 6th, 1829 (Month) (Day) (Year)

7 AGE: 86 yrs. 4 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Lena Horning
(Address) 603 N Bond St

FEB 1 - 1916 Filed ....., 191.... MARY O. INGERSOLL Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 31st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1916, to Jan 30th 1916.
that I saw him alive on Jan 27th, 1916.
and that death occurred, on the date stated above, at 11.45 m.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Senility

(Duration) 1 yrs. mos. ds.

(Signed) Elijah I Brack M. D.
Jan 31, 1916 (Address) 150 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 3, 1916

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spmc.—8-24-14—M. & T.—2000 lbs.

C91875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 92 C91875

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Gust Oliver

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	M

6-DATE OF BIRTH, ... June (Month) 24 (Day) 1897 (Year)

7-AGE, 18 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Army
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Labor

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Oliver

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. E. Warfield

(Address) Glenwood Md.

15- FEB 1 - 1916 HARRY O. ARNOLD,
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 31 1916, that I saw h[im] alive on Jan 31 1916 and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

Feb 3, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Virginia

Former or usual residence Unknown.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Glenwood Md.	Feb 3, 1916
20-UNDERTAKER Jas. R. Vees	ADDRESS Sykesville Md

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

C91876

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91876

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1323 Prestman ST.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME India Nelson

(Residence in Baltimore: No. 1323 Prestman St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1891 (Year)

7-AGE, 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Bardan

(Address) 1320 Prestman St

15- FEB 1 - 1916 Filed, 191 ROBERT O. ARCHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Jan 29 191 6, that I saw her alive on Jan 29 191 6, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. ds.

(Signed) R. Garland Churchill M. D.

Jan 30, 1916. (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sharpsburg Essex Co. — DATE OF BURIAL, Feb 1, 1916

20-UNDERTAKER James H Dennis — ADDRESS 1303 Prestman

N. B.—Every item of information should be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—6-24-14—M. & T.—1000 Blks.

C91877

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91877

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Aisquith ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Carroll.

(Residence in Baltimore: No. 825 Aisquith St.; 70 yrs., ... mos. ..... ds.)

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow

6-DATE OF BIRTH. Don't know ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE. About 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Gannon

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine McWilliams

1345 (Address) 2 North West Wash D C

15- FEB 1 - 1916 MARY O ANDREWS,

Filed ....., 19... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 191 6, to Feb 1 191 6, that I saw h ll alive on Feb 1 191 6, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) James M Fenton M. D.

Feb 1, 1916 (Address) 700 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Feb 4, 1916

20-UNDERTAKER Holleran Cook

ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91878

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91878

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1st Pauls Hosp ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Harold D Morgan

(Residence in Baltimore: No. 2554 W North Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan ..... 17 ....., 1885
(Month) (Day) (Year)

7-AGE, ... 31 yrs. 0 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Insurance Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George G Morgan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret E Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Morgan

(Address) 2554 W North Ave

15- Filed FEB 1 - 1916 HARRY O. ADELBERT, Registrar. Marital Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 31st ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Pistol shot wound in head

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah L Russell M. D.
(Coroner.)

Feb 1st, 1916 (Address) 1562 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Edelstown Md	Feb 2, 1916
20-UNDERTAKER	ADDRESS
E A Friedfeld & Son	Green St Ave

Spec.—5-19-12—M. & T.—500 Bks.

1916
1865

C91879

HEALTH DEPARTMENT—CITY OF BALTIMORE

10

C91879

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1048 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cirelia R Carter

(Residence in Baltimore: No. 1048 N. Eden St

St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, March 23, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country) Baltimore County, Md.

PARENTS.

10-NAME OF FATHER, Wesley Royston

11-BIRTHPLACE OF FATHER (State or Country), Baltimore County, Md.

12-MAIDEN NAME OF MOTHER Mary Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Cuter Biscoe

(Address)..... 1048 N. Eden St

15-
Filed FEB 1 - 1916, 191.... BUREAU OF VITAL STATISTICS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1916, to July 31. 1916, that I saw h 31 alive on " " 1916, and that death occurred, on the date stated above, at 10-15 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

5

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(Duration) yrs. 4 mos. ds.

(Signed) Geo. A. Hartman, M. D.

July 31, 1916 (Address) 112 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Feb. 2, 1916

20-UNDERTAKER John B. Spence — ADDRESS 1325 N. Caroline St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C91880 C91880

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 310 S. Broadway ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sophia Kopzuruka

(Residence in Baltimore: No. 310 S. Broadway St.: yrs. 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 12 (Day), 1915 (Year)

7 AGE: yrs. 8 mos. 19 ds. — If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. City Md

PARENTS

10 NAME OF FATHER: William Kopzuruka

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Katrina Jagzuk

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Federated Charity Org

(Address) 1902 Eastern Ave

15 FEB 1 - 1916 Filed — MARY O AHEARN, Burial Permit Clerk — REGISTRAR

X

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jany (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 15, 1915, to Jany 1, 1916, that I saw h.r. alive on Jany 31, 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Whooping cough about

(Duration) yrs. mos. 24 ds.

(Signed) Maurice E. Abrams, M. D.

Feb. 1, 1916 (Address) 548 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... ds. — In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: 1st Evangelical Cem — DATE OF BURIAL: Feb. 2, 1916

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Rent St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT. WHITE CERTIFICATE.

Spec.—5-19-15—M. & T.—500 Bks.

C91881

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91881

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Diamond St ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mack

(Residence in Baltimore: No. 119 Diamond St

St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 20 (Day), 1873 (Year)

7-AGE, 42 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Arkansas

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Wilson

(Address) 119 Diamond St

15- FEB 1 - 1916 Filed....., 191. HARRY O. ARNOLD, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 31 1916, that I saw him alive on Jan 29 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

Lobar

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Auto collapse

(Duration) yrs. mos. 1 ds.

(Signed) H B McCarty M. D.

Jan 31, 1916. (Address) 317 N Fremont Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb. 2, 1915.

20-UNDERTAKER Charles B Jones

ADDRESS 1118 N Eutaw

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91882 92 C91882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH S. W. Cor Harrison & Lexington REGISTERED No. C

CITY OF BALTIMORE: (No. ... ST.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McKee

(Residence in Baltimore: No. S. W. Cor Harrison & Lexington St.; 8 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Jan 13, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. ... mos. 17 ds. (17 days)

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender 80
(b) General nature of industry, business, or establishment in which employed (or employer): Mc Laughlin Hotel S.W. Cor Harrison & Lexington

9-BIRTHPLACE, (State or Country): Belair Md

PARENTS.

10-NAME OF FATHER: James McKee

11-BIRTHPLACE OF FATHER (State or Country): Belair Md

12-MAIDEN NAME OF MOTHER: Annie O'Donal

13-BIRTHPLACE OF MOTHER (State or Country): Harford Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McLaughlin

(Address) S.W. Harrison & Lexington

15- FEB 1 - 1916 101.. MARY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Jan 29 1916, that I saw him alive on Jan 29 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Robert J. Green M. D.

Jan 30., 1916 (Address) 120½ Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER: Robert J Turner — ADDRESS 1442 Broadway

N. B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Blks.

C91883

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91883

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1 ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guido Bruno

(Residence in Baltimore: No. 203 E. Central Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Guido Bruno

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Bruno

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 1 - 1916 MARY C. [illegible], Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h....alive on.....191....., and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Holy Rosary Cem	Feb. 4, ..., 191.6
20-UNDERTAKER	ADDRESS
Robt. D. Turner	1426 E. Broad

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91884 C91884

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH (

CITY OF BALTIMORE: (No. Mercy Hospital St.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Grimes

(Residence in Baltimore: No. 1420 Argyle Ave St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 10, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Ann Pattison

(Address) 1420 Argyle Ave

15- Filed FEB 1 - 1916, 191.. MARY O ANDREWS, Registrar.

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1916, to Jan 31 1916, that I saw h[illegible] alive on Jan 31 1916 and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum

Post Mortem

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Perforation Typhoid Ileum

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Senft M. D.

Jan 31, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 43 yrs. 5 mos. 21 ds.

Where was disease contracted, if not at place of death? 1420 Argyle Ave

Former or usual residence 1420 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER Felix B. Fye

ADDRESS 102 E Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

C91885

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91885

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Carey ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl B. Stine

(Residence in Baltimore: No. 1018 N. Carey St.; 22 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Married

6-DATE OF BIRTH, Unknown ....., 1894
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. \ mos. \ ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John A. Babb

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Heuson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Babb

(Address) 1018 N. Carey St.

15- FEB 1 - 1916 MARY C. A[illegible], Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1916, to Jan. 31, 1916, that I saw her alive on Jan. 31, 1916, and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration)..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration)..... yrs. mos. 1 ds.

(Signed) H. C. Towson M. D.

Jan. 31, 1916 (Address) 611 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	Feb. 2, 1916

20-UNDERTAKER	ADDRESS
George H. Holland	Robert St.

10 of 10

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C91886

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91886

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 756 Ramsay, ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Maria Luthardt.

(Residence in Baltimore: No. 756 Ramsay, St.: 55 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH November 21, 1839
(Month) (Day) (Year)

7-AGE 76 yrs. 2 mos. 9 ds. | If LESS than 1 day, \ hrs. or \ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany.

PARENTS

10-NAME OF FATHER Bernard Schindhelm.

11-BIRTHPLACE OF FATHER (State or country) Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or country) Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Luthardt.

(Address) 756 Ramsay St.

FEB 1 - 1916 Filed ... 191 MARM G. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1916, to Jan. 31, 1916, that I saw h[er] alive on Jan. 30, 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia,

(Duration) \ yrs. \ mos. 5 ds

Contributory (SECONDARY) Influenza

(Duration) \ yrs. \ mos. 10 ds.

(Signed) Albert F. Chambers, M. D.

Jan. 31, 1916 (Address) 1012 N. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem'ty

DATE OF BURIAL Feb 3 1916

20-UNDERTAKER Leo Leimbacher Sr.

ADDRESS 647 N. Patterson

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91887 C91887

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E Fell St ST.; 22 WARD) REGISTERED No. C.....

2-FULL NAME Richard Jaeger

Residence in Baltimore: No. 8 E. Fell St St.;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Baltimore

.....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 12 (Month) (Day) 1851 (Year)

7-AGE, 64 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer in City Water Dept
(b) General nature of industry, business, or establishment in which employed (or employer) Water Department

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Anton Jaeger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Wees

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Jaeger

(Address) 8 E Fell St

15- Filed FEB 1 - 1916, 191. HARRY O. ARNOLD, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31st (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14th 1915, to Jan 31st 1916, that I saw him alive on Jan 30th 1916, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. F. Wiley M. D.

Feb 1st, 1916. (Address) 714 N Henry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Feb 4th, 1916.
20-UNDERTAKER Charles W. Gill	ADDRESS 703 Frank. Ave.

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-1-24-1+ M. & T.—2000 Bks.

C91888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C91888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Sterling ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Walch

(Residence in Baltimore: No. 619 Sterling St.; Life Time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 22nd (Day), 1881 (Year)

7-AGE, 34 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Conrad Doerflein

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Walch

(Address) 619 & 621 Sterling st

15- FEB 1 - 1916 HEALTH OFFICER'S, Filed....., 191.. Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Jan 31 1916, that I saw h[illegible] alive on Jan 31, 1916, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Robert D. Green M. D.

Jan 31, 1916. (Address) 1120½ Ausquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Feby 3rd, 1916.
20-UNDERTAKER	ADDRESS
George Schulting & Sons	1126 Mount St

N. B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91889

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91889

CERTIFICATE OF DEATH.

1720

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Maryland Ave. / 1st, 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Annie Baumer

(Residence in Baltimore: No. 706 S. Robinson St.; 64 yrs., 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Feb. (Month) 3 (Day), 1851 (Year)

7-AGE, 64 yrs. 11 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Peter Griser.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Louis Baumer

(Address) 706 S. Robinson St.

15- FEB 1 - 1916 REGISTRAR OF RECORDS,

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1916, to Jan. 30 1916, that I saw h[illegible] alive on Jan. 30 1916, and that death occurred, on the date stated above, at 2.05 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

30 minutes (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) ? Unknown yrs....mos....ds.

(Signed) S. D. Bowman M. D.

Jan. 30, 1916. (Address) Mt. Sinai Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State 64 yrs. 11 mos. 27 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 706 S. Robinson St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 2nd, 1916.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 1038 W. Mulberry

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91890

CERTIFICATE OF DEATH.

108 C91890

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 O. Donnell ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Reagan

(Residence in Baltimore: No. 2900 O. Donnell St.; 33 yrs., 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 21 (Month) 20 (Day), 1882 (Year)

7-AGE, 33 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. Boldevoy.

11-BIRTHPLACE OF FATHER (State or Country), Holland.

12-MAIDEN NAME OF MOTHER Mary E Burns

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Reagan

(Address) 2900 O. Donnell St.

15- FEB 1 - 1916 HEALTH DEPARTMENT

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Jan 29 1916, that I saw her alive on Jan. 29 1916, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicit,
(Operation)
(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia
(Duration) ... yrs. 2 mos. ... ds.

(Signed) M. J. McAvoy M. D.

Jan 30, 1916 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Feb 1st, 1916.

20-UNDERTAKER Lilly Zeiler — ADDRESS 403 S. Mosher

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91891

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91891

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 551 Robert ST.: 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas b Rice

(Residence in Baltimore: No. 551 Robert St.; ..yrs., mos. 10 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Jan (Month) 20 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 10 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Albert b Rice

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth J. Nutt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth J Rice

(Address) 551 Robert St

15- FEB 1 - 1916 MARY C. NELSON, Filed ....., 191.. Burial Permit Clerk.

Registrar.

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 30 1916, that I saw h alive on Jan 30 1916, and that death occurred, on the date stated above, at 8.25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal obstruction

(Duration) ...yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Probable Volvulus

(Duration) 0 yrs. ..... mos. 1 ds.

(Signed) Edward Short M. D.

Jan 30, 1916 (Address) 1812 David Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feby ....., 1916

20-UNDERTAKER Samuel J Kemsley

ADDRESS 578 Mid[illegible]

C91892

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 C91892

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 George St 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Hall

(Residence in Baltimore: No. 713 George St.; 40 yrs. mos. ds.)

WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH ..... (Month) ..... (Day) 1873 (Year)

7-AGE 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE (State or country) France Geo Co Md

PARENTS

10-NAME OF FATHER Edward Bond

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Sallie Glascoe

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Hall

(Address) 713 George St

15- Filed FEB 1 - 1916, 191 BASIL O. ADDAMS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 29 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1916 to Jan 29, 1916, that I saw h[illegible] alive on Jan 29, 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tbc

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Premature birth - 2 mos?

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. S. Belt M. D.

Jan, 1916 (Address) 291 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
M L Auburn	Feb 2, 1916

20-UNDERTAKER	ADDRESS
Samuel Hawkins	578 W Baltimore

Spec. 5-25-15—M. & T.—500 Bks.

C91893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C91893

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 322 N. Pine ST.; 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Williams
(Residence in Baltimore: No. 322 N. Pine St.: 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	married

6-DATE OF BIRTH, Unknown (Month) (Day) 1850 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter 66
(b) General nature of industry, business, or establishment in which employed (or employer): retired

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) [illegible]
(Address) 1641 Druid Pk.

15-
Filed FEB 1 - 1916, 191..
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1- 1916, to Jan 31 1916, that I saw h[illegible] alive on Jan 31 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
(Duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Senility
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
Feb 1, 191 6 (Address) 1613 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olive DATE OF BURIAL, Feb 3, 191..

20-UNDERTAKER Samuel T Kenny ADDRESS 5701 Belle

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91894

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

C91894

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital ST. 17 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius E. Franklin

(Residence in Baltimore: No. 1325 Argyle Ave St.; 35 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Hampton Va.

PARENTS.

10-NAME OF FATHER. Robert Ligler

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Jane Ligler

13-BIRTHPLACE OF MOTHER (State or Country). Md Lenburg Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt A Franklin

(Address) 1325 Argyle Ave

15- FEB 1 - 1916 Filed ..... 191. ... Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 1916, to Jan 31 1916, that I saw h[illegible] alive on Jan 30 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Carcinoma of Uterus

(Duration) X yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry F. Brown M. D.

Jan 31, 1916 (Address) 1501 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State 35 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1325 Argyle ave

Former or usual residence 1325 Argyle ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER Samuel Hemsley — ADDRESS 578 Reed St

C91895

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C91895

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 608 E. Eager ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie A. North

(Residence in Baltimore: No. 608 E Eager St.; Yrs. 2 Mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Feb 1 (Month), 1868 (Day) (Year)

7-AGE: 48 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John W Lunty

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Magdalena Bemiller

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Lunty

(Address) 1506 Mt Royal Ave

15. Filed FEB 1 - 1916, 191 ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1916, to Feb 1 1916, that I saw her alive on Jan 31, 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 9 ds

Contributory (SECONDARY) Intra-Cranial pressure

(Duration) ... yrs. ... mos. 9 ds.

(Signed) Edwin K. Ballard M. D.

Feb 1, 1916 (Address) 1622 Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 3, 1916
20-UNDERTAKER: H M Routson	ADDRESS: 230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Blks.

John Everd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91896 C91896

CERTIFICATE OF DEATH.

30

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Everd.

(Residence in Baltimore: No. 922 Decker Ave. St.; 3 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, August 23, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Michael Everd

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Mary Orson

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Everd

(Address) 922 S. Decker Ave.

15- FEB 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 31 1916, that I saw h im alive on Jan 31 1916, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculus Mesenteric

(Duration) yrs. mos. 4 ds.

(Signed) Orem V. Rutledge M. D.

Jan 31., 191.6 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 922 Decker St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	Feb 2, 1916.
20-UNDERTAKER Wellborn Cook	ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. ALL blanks should be filled. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C91697

CERTIFICATE OF DEATH

28

C91697

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 Eiclen St.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Harden

(Residence in Baltimore: No. 412 Eiclen St.; Fife yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE: Bout 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adelaide Fields

(Address) 412 Eiclen St

15. Filed FEB 2 - 1916 ROBERT . GRAUPNER, Marital Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 191 , to Jan 31 1916, that I saw h- alive on Jan 20, 1916 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Morley Hoey M. D.

Jan 31, 1916 (Address) 712 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Ger Suburban Cemetery

DATE OF BURIAL: Feb 2, 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 609 Fulton Ave

N. B.—Every item of information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should WRITE PLAINLY, WITH UNFADING INK. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C91898

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 9 N. Mount St ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Phipps

(Residence in Baltimore: No. 9 N. Mount St.; 74 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: March 10, 1842 (Month) (Day) (Year)

7 AGE: 73 yrs. 10 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Trunkmaker 463
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Mr H Phipps.

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: Catherine Doyle

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Phipps

(Address) 9 N. Mount St.

15 Filed FEB 2 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 31, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1916, to Jan 31 1916, that I saw h alive on Jan 31, 1916 and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

3 yrs

(Duration) 3 yrs. ... mos. ... ds

Contributory (SECONDARY) Bradycardia

(Duration) ... yrs. 6 mos. ... ds.

(Signed) John A Cain M. D.

Feb 2 1916 (Address) 101 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemy.

DATE OF BURIAL: Feb. 3 1916

20 UNDERTAKER: Jos. Jourdens & Son

ADDRESS: 217 S. Paca St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C31899 × 120 C31899

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 817 E Pratt St. 3 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst Doeller

(Residence in ~~Baltimore~~: No. Sharon, Md. St.; yrs., 9/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, December 28, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter & Builder Employee
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self Retired Sharon Md

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Christopher Doeller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ernst

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Doeller

(Address) Broadway & Bayview

15- FEB 2 - 1916 Filed..... 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was, as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Wm. A. Savage M. D.
(Coroner.)

Feby 1st, 1916 (Address) 174 Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 2, 1916
20-UNDERTAKER Henry Lutz	ADDRESS 1007 N. Bond St

C91900

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C91900

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2911 W. North Ave., ST. 15 WARD)

(If death occured a hospital or institutio give its NAME instead street and number a fill out No. 18.)

2 FULL NAME Charles Vergho

(Residence in Baltimore: No. 2911 W. North Ave. St.; 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6 DATE OF BIRTH March 8, 1830 (Month) (Day) (Year)

7 AGE 85 yrs. 8 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Herzog

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Agnes Deik

(Address) 2911 W. North Ave.

15 FEB 2 - 1916 Filed ....., 191.... ROBERT , KRAUTHS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 31st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased fro Jan. 24th, 1916, to, Jan. 31st 1916 that I saw h im alive on Jan. 31st, 1916 and that death occurred, on the date stated above, at 11 a m. The CAUSE OF DEATH* was as follows:

Bronchitis

8 days (Duration) yrs. mos.

Contributory (SECONDARY) Grippe

8 days (Duration) yrs. mos.

(Signed), Dr. L. D. Degen M.

Feb. 1, 1916 (Address) 1702 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUS state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon park Cem.	Feb. 2 1916
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Magnus
1516 E. Balto

C91901

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91901

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 426 N. Carrollton Ave., ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME India Rollins

(Residence in Baltimore: No. 426 N. Carrollton Ave., St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH ..... About (Month) ..... (Day), 1859 (Year)

7-AGE ..... 57 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Seamstress 221
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE (State or country) Virginia

PARENTS

10-NAME OF FATHER Washington A. Rollins

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Francis Warders

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ophelia Rolling

(Address) 426 N. Carrollton Ave.,

15 FEB 2 - 1916 Filed ..... 191 ROBERT . KRAUTER, Municipal Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feby (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 23. 1916, to Feby 1st 1916, that I saw h[er] alive on Jan. 31st 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Influenza.

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Thos. H. Magnus M. D.

2-1-, 1916. (Address) 1516 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 3rd, 1916.

20-UNDERTAKER	ADDRESS
Chas E. Franck	802 Madison Ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

C91902

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91902

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Greenmount Ave ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Leibert

(Residence in Baltimore: No. 3315 Greenmount Ave. St.; 45 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 26, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrician 23
(b) General nature of industry, business, or establishment in which employed (or employer)..... Edison Light Co.

9-BIRTHPLACE, (State or Country), Md. - Balto.

PARENTS.

10-NAME OF FATHER, Edward Leibert.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Corbet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Daniel Eaton

(Address)..... 916 Penna ave

15- FEB 2 - 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12th 1916, to Feb 1st 1916, that I saw h.. alive on Feb 1st 1916, and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration)..... yrs. 3 mos..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration)..... 3 yrs..... mos..... ds.

(Signed) Thomas Boyd Hall M. D.

Feb 1st, 1916. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 3., 1916.

20-UNDERTAKER Daniel Eaton ADDRESS 916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Joseph Kreitzoff.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91903

CERTIFICATE OF DEATH.

92 C91903

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kreitzoff

(Residence in Baltimore: No. 116 S. Bond St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coat Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Dressed

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1419 E. Balto St

15- Filed FEB 2 - 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to Feb 2, 1916, that I saw h.. alive on Feb. 2, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Rt. Ind Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis dilatation

(Duration) yrs. mos. 1 ds.

(Signed) M B Levin M. D.

Feb. 2, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? 116 S. Bond St.

Former or usual residence ( ) ,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	2/2, 1916

20-UNDERTAKER	ADDRESS
Jack Levin	1419 E Balto St

N.B.—Every item of information should be carefully supplied. Also, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C91904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED NO. C 91904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Woodyear Dr ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Richardson

(Residence in Baltimore: No. 1128 Woodyear Dr St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 23, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country) Sandy Spring, Montgomery Co Md

PARENTS.

10-NAME OF FATHER. Richard Thomas

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Pumphrey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Mowen Chase

(Address) 820 Hoffman St

15-

Filed, FEB 2 1916 16-Burial Permit Issued, HUBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 25th 1916, to January 31 1916, that I saw her alive on January 30 1916, and that death occurred, on the date stated above, at 2 00 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. 1 ds.

(Signed) C H Davis M. D.

January 31, 1916. (Address) 912 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill

DATE OF BURIAL, Feb. 3, 1916.

20-UNDERTAKER Ann N. Chase Nos

ADDRESS 1128 Woodyear

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91905 C91905

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Penn ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Simms

(Residence in Baltimore: No. 8 N Penn St.; 35 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Wash. D.C.

PARENTS.

10-NAME OF FATHER, Taylor Simms

11-BIRTHPLACE OF FATHER (State or Country), D.C.

12-MAIDEN NAME OF MOTHER Margaret ——

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Perkins

(Address) 8 Penn

15-FEB 2 - 1916 Filed ....., 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ——— 1905, to FEB 1 1916, that I saw h[er] alive on Jan 15 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

1 31, 1916 (Address) 629 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Laurel — DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER Sam'l H. Hawkins — ADDRESS 1406 M

C91906

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C91906

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 105 N. Carey ST. 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Carrie Dales

(Residence in Baltimore: No. 105 N. Carey St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: Sept. 29, 1855 (Month) (Day) (Year)

7 AGE: 60 yrs. 4 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: Peter Wykoff

11 BIRTHPLACE OF FATHER (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. F. Dales

(Address) 105 N. Carey St.

15 Rec'd FEB 2 - 1916

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1915, to Feb 1 1916, that I saw h[illegible] alive on Jan 31, 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Caused Debilitation

~~I~~ (Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A Evans M. D.

Feb 7, 1916. (Address) 101 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Philadelphia Pa.

DATE OF BURIAL: Feby. 3, 1916

20 UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 1201 N. Fayette

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91907 C91907

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Hanover ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Hill

(Residence in Baltimore: No. 1508 Presstman St.; 19 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1897 (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md Balto.

PARENTS.

10-NAME OF FATHER, Amanda Howard

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Laquiren

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Howard

(Address) 523 Mount st

15- FEB 2- 1916 ROBERT . KRAUTHER,

Filed....., Burial Permit....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-14 1916, to 1-31 1916, that I saw h e alive on 1-31 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P L Rusk M. D.

1-31..., 191.6 (Address) Hanover st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1508 Pressman st

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, 2-2-3, 191..

20-UNDERTAKER Alfred J Freeland

ADDRESS 25 114 N Schroeder

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91908 C91908

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Jefferson

(Residence in Baltimore: No. 908 Bond St.; 40 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., ... (Month) ..... (Day) ..... (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jeff Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theo Williams

(Address) 908 N. Bond St

15- FEB 2 - 1916 Filed....., 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Jan 30 1916, that I saw h e alive on Jan 30 1916, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Douglas M. D.

1/31, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 908 Bond St

19-PLACE OF BURIAL OR REMOVAL. Mt Zion Cmtry — DATE OF BURIAL, Feb 3rd, 1916

20-UNDERTAKER Alfred J Freeland — ADDRESS 1114 N Gilmor St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91909 C91909

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 205 Rock ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Dennis

(Residence in Baltimore: No. 205 Rock St.; 4 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar'd

6-DATE OF BIRTH, [illegible] November, 1 (Month) (Day) (Year)

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Dennis

(Address) 205 Rock St

15-

Filed FEB 2 1916, 191.. ROBERT KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Jan 31 1916, that I saw h— alive on Jan 31 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Organic Disease of Heart (Duration) Unknown yrs. mos. ds.

(Signed) [signature] M. D.

Feb 1, 1916. (Address) 1739 Fayette E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb 3, 191..

20-UNDERTAKER Alfred J Garland

ADDRESS 1145 Union St

Spec.—8-24-14—M. & T.—2000 Bks.

C91910

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Aisquith) (or else aged Home) ST.; 5 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Hovey

(Residence in Baltimore: No. 411 Aisquith St St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isidor Sittoski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Novey

(Address) 411 Aisquith St

15- FEB 2 - 1916 ROBERT . KRAUTER, Filed ....., 191. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to Feb 1st 1916, that I saw h er alive on Feb 1 1916, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Asteno Sclerosis
Chronic interstitial Nephritis
..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis
..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) D. G. Mcilhenny M. D.

Feb 2, 1916 (Address) 1420 E Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 411 Aisquith st

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Herring Run	Feb 2, 1916.
20-UNDERTAKER S. Grinsfelder Bro	ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91911

CERTIFICATE OF DEATH.

18 C91911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 S Sharp ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm C. Reinhart

(Residence in Baltimore: No. 930 S Sharp St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 23, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Howard Reinhart

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Reinhart

(Address) 930 S Sharp St.

15- FEB 2 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Special Permit Clerk Registrar.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Jan 31 1916, that I saw h alive on Jan 31 1916, and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Erysipelas

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. T. Campbell M. D.

Feb 1, 191.6 (Address) 1640 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Farmer or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Matthews Cem.	Feb. 7, 191.6
20-UNDERTAKER	ADDRESS
Jos J Fahey & Son	1318 Light

C91912

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C91912

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 11 E. Franklin ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest S. Palmer.

(Residence in Baltimore: No. 11 E. Franklin St. 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Dont Know, 1 (Month) (Day) (Year)

7-AGE about 59 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Salesman. 666
(b) General nature of industry, business, or establishment in which employed (or employer) Private Military

9-BIRTHPLACE (State or country) Mass.

PARENTS

10-NAME OF FATHER S. C. Palmer.

11-BIRTHPLACE OF FATHER (State or country) Mass.

12-MAIDEN NAME OF MOTHER Abigail Howard.

13-BIRTHPLACE OF MOTHER (State or country) Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Maud S. Palmer

(Address) 11 East Franklin St

15 Filed FEB 2 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1916, to Feb. 1st 1916, that I saw h[illegible] alive on June 31st, 1916, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

LT Syphilis

(Duration) since June 2nd 1916 yrs. mos. ds

Contributory (SECONDARY) Cirrhosis

(Duration) 4 yrs. mos. ds.

(Signed) W K Gorsuch, M. D.

2-1, 1916 (Address) 117 N. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem | DATE OF BURIAL Feb 2nd, 1916

20-UNDERTAKER J. E. Cook | ADDRESS 1003 N. Calto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Blks.

C91913

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91913

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 David Hillen ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Smith

(Residence in Baltimore: No. 1028 David Hillen St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1871 (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Benjamin Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie B. Smith

(Address) 1028 David Hillen ave

15- FEB 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 — 1916, to Jan 30 — 1916, that I saw him alive on Jan 30 — 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) — yrs. — mos. 28 ds.

(Signed) W. H. Hamm M. D.

Jan 31 —, 191 6 (Address) 1416 Jefferson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Feb 2, 1916

20-UNDERTAKER John A. Beck

ADDRESS 1711 Pa Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Particulars of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91914 C91914

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Mary ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. James

(Residence in Baltimore: No. 1137 Mary St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Born in Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Daly

(Address) 1137 Mary St.

15 FEB 2 - 1916 ROBERT F. KRAUTER, Burial Permit Clerk.

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Jan 31 1916, that I saw her alive on Jan 29 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. 1 mos. ds.

(Signed) Chas. H. White M. D.

Feby 1, 191 6 (Address) 1131 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER Robert A Elliott ADDRESS 306 East

N.B.—Every item of information should be carefully supplied. AGE should be given in YEARS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91915 C91915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N Carey St.; 15 WARD) REGISTERED No. C 28

2-FULL NAME Blanch A Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1325 N Carey St. St.; 20 yrs., 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, February 10, 1895.
(Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Dressmaker At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Daniel Smith

11-BIRTHPLACE OF FATHER (State or Country) Northumberland Co Va

12-MAIDEN NAME OF MOTHER Mary E Washington

13-BIRTHPLACE OF MOTHER (State or Country), Gloucester Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E Smith

(Address) 1325 N Carey St

15- Filed FEB 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1915, to January 31 1916, that I saw her alive on January 30th 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as foliows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. unknown mos. ....ds.

(Signed) W. E. Campbell M. D.

January 31, 1916. (Address) 1369 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, 2/2, 1916.

20-UNDERTAKER Samuel T Kemly ADDRESS 578 W. Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91916 C91916

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Monroe ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ottie H. Feditz

(Residence in Baltimore: No. 1503 N. Charles St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. (Month) 13th (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 4 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John H. Feditz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Holthaus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Wilenberg

(Address) 224 S. Monroe St.

15- Filed FEB 2 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 31st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 191 5, to Jan 31. 1916, that I saw h[er] alive on Jan 31. 1916, and that death occurred, on the date stated above, at 8.5 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus 7 yrs
Ovary Removed Diagnosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) L. D. Wilson M. D.

2. 1., 191 6. (Address) 1735 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb. 3rd, 1916.
20-UNDERTAKER	ADDRESS
Mr. & Mrs. John H. Teufel	20 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be given correctly. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M & T—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C 91917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1079 W Fayette St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [redacted] Elisa Loewer

(Residence in Baltimore: No. 1079 W Fayette St.; 65 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 21 (Month), (Day), 1830 (Year)

7-AGE, 79 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Duties
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Haas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wreasman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Kuhn

(Address) 1079 W. Fayette

15- Filed FEB 2 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to Feb 1 1916, that I saw h[redacted] alive on Feb 1 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease
Asphyxia
Duration yrs. 3 mos. 21 ds.

CONTRIBUTORY (Secondary) Brights Disease
(Duration) yrs. 3 mos. 21 ds.

(Signed) Dr. H. Krauss M. D.

Feb 2, 1916. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 4, 1916

20-UNDERTAKER Mrs Mrs Jno W. Teufel — ADDRESS 801 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated in years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91918

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91918

CERTIFICATE OF DEATH.

119 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2877 Philadelphia Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver J. Neilson

(Residence in Baltimore: No. 2877 Philadelphia Ave St.; 62 yrs., 10 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March 11, 1853 (Month) (Day) (Year)

7-AGE. 62 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Locksmith. finisher
(b) General nature of industry, business, or establishment in which employed (or employer): employed by Gibson & Kirk

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Otridge W. Neilson

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Eliza A. Irvin.

13-BIRTHPLACE OF MOTHER (State or Country). Balto - Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary A. C. Reit.

(Address) 250 N. Guilford Ave

15- Filed FEB 2 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Feb 1 1916, that I saw him alive on Feb 1 1916, and that death occurred, on the date stated above, at 12-20 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 1 mos. ds.

(Signed) John G. Ommen M. D.

Feb 2 191.6 (Address) Fairmount Ave & Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, February 3rd 1916

20-UNDERTAKER Penny House Inc — ADDRESS 1801 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91919

CERTIFICATE OF DEATH.

91 C91919

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 817 N. Bond ST.; 1 WARD)

2-FULL NAME Myrtle V. Johnson

(Residence in Baltimore: No. 817 N Bond St.; 3 yrs. ... mos. ... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 26 (Day) 1886 (Year)

7-AGE, 29 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), St. Mary's Co. Md.

PARENTS.

10-NAME OF FATHER, Lewis C. Johnson

11-BIRTHPLACE OF FATHER (State or Country), St. Mary's Co. Md.

12-MAIDEN NAME OF MOTHER Annettie E. Herbert

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Lewis C. Johnson

(Address) 817 N. Bond St.

15- Filed FEB 2 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 191 6, to Feb 2nd 191 6, that I saw her alive on Feb 1st 191 6, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

..... (Duration) ....yrs. ....mos. 10 dys.

(Signed) Chas B Foster M. D.

2/2/16 191... (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkhurst Md. St Mary's Co. Md. DATE OF BURIAL, February 4th, 1916.

20-UNDERTAKER Henry Hoen & Son ADDRESS 1301 E Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91920 C91920

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Patte

(Residence in Baltimore: No. 1210 Bank St.; ....yrs., 4 mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be carefully calculated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 30 (Day) 1915. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 mos. 1 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Rafael Patte

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Concetta Sperangella

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rafael Patte

(Address) 1210 Bank st.

15-FEB 2 - 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 1st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 1 1916, that I saw h.. alive on Feb 1 1916, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

...Bronchos Pneumonia

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration).....yrs.....mos. 1 ds.

(Signed) Wm L. Caballero M. D.

Feb. 2, 1916. (Address) 1028 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Feb. 2, 1916
20-UNDERTAKER	**ADDRESS**
Wendell Dippel & Son	330 S. Bond St.

C91921

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91921

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2902 Orleans St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine McGinn

(Residence in Baltimore: No. 2902 Orleans St.; 66 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, with pen and ink. Use no abbreviations. Do not leave any blanks. If unknown, supply. AGE should be carefully supplied. N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: June 24th (Month) (Day), 1829 (Year)

7-AGE: 86 yrs. 7 mos. 6 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Chas. O. Howd.

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Byrn

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert M. McGinn

(Address) 440 N. Rose st

FEB 2 - 1916 Filed ....., 191.....

MARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 31 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 -, 1916, to Jan 30 1916, that I saw h[illegible] alive on Jan 30 - 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Edema Lungs

..... (Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Ch Bronchitis + myocarditis

..... (Duration) 2 yrs ..... mos ..... ds.

(Signed) J E Gately M. D.

2. 2 1916 [Address] 111 S Bdway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 3rd, 1916

20-UNDERTAKER: Lilly & Geiler — ADDRESS: 403 S. Broadst

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91922 C91922

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 S. Kenwood ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha M. Frailey

(Residence in Baltimore: No. 826 S. Kenwood ave St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) ..... (Day) ....., 1824 (Year)

7-AGE,	If LESS than 1 day,
92 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Glasgow Scotland

PARENTS.

10-NAME OF FATHER, Arthur Mulholland

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Martha Potter

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Hazel .....

(Address) 826 S. Kenwood ave .....

15- FEB 2 - 1916 Filed....., 191.... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1 (Month) (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1915, to Feb. 1 1916, that I saw her alive on Jan 29 1916, and that death occurred, on the date stated above, at 10.9 m.

The CAUSE OF DEATH* was as follows:

.....

Arterio-Sclerosis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. J. McAvoy M. D.

Feb 2, 191.6 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feb 3rd, 191.6
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S report of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91923 HEALTH DEPARTMENT—CITY OF BALTIMORE C91923

CERTIFICATE OF DEATH. 130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 2 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Bourg (Bourg)

(Residence in Baltimore: No. 408 S. Durham St St.; Life yrs.. mos.. ds.)

N. B.—Every item of information should be carefully supplied. ACCURATE information as to AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 9, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H Williams

11-BIRTHPLACE OF FATHER (State or Country), Provident P O

12-MAIDEN NAME OF MOTHER Martha Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balto Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence P Bourg

(Address) 408 S Durham

15- Filed FEB 2 - 1916 HARRY O ANDREWS, 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915 to Feb 1 1916, that I saw her alive on Jan 31 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Septicemia from Pelvic Abscess - Shock

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Walter L. Henry M. D.

Feb 1, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 30 yrs. 8 mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 408 S. Durham St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	Feb 4th 1916

20-UNDERTAKER John L Inman & Sons

ADDRESS Bank

C91924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C

C91924

WRITE PLAINLY, WITH UNFADING INK. This is a Permanent Record.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3015 E. Baltimore Street. St.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Clifton Foster.

(Residence in Baltimore: No. 3015 E. Baltimore Street. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: February 6, (Month) (Day), 1878 (Year)

7 AGE: 37 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Pipeman-City Fire Department.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore, Maryland.

PARENTS

10 NAME OF FATHER: David B. Foster.

11 BIRTHPLACE OF FATHER (State or country): New York, N. Y.

12 MAIDEN NAME OF MOTHER: Elizabeth P. Free.

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Foster.

(Address) 3015 E. Baltimore Street.

15 Filed FEB 2 - 1916, 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) I (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 10, 1915 to February 1, 1916, that I saw him alive on January 31, 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) ? yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Allen N. Beetham. M. D.

Feb., 1 1916. (Address) 3139 E. Baltimore S

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted. If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn

DATE OF BURIAL: Feb 3rd, 1916

20 UNDERTAKER: John A Moran

ADDRESS: Bank & Ann St

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—5-19-13—M. & T.—500 Bks. Mary E. Rhine

HEALTH DEPARTMENT—CITY OF BALTIMORE

(91925) (91925)

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Lemmon St. WARD 19)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Rhine

(Residence in Baltimore: No. 1411 Lemmon St.; 10 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. ACCURATE information as to AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 27 (Day), 1901 (Year)

7-AGE, 14 yrs. 11 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Girl

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. John Parker

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Rhine

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Parker

(Address) 1411 Lemmon St

15- FEB 3 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to Feb 1 1916, that I saw h.. alive on Jan 31 1916, and that death occurred, on the date stated above, at 2:15 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs....mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac collapse

(Duration) ....yrs....mos....ds.

(Signed) E. Woodward M. D.

Feb 1 1916 (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER John H Soadwin — ADDRESS 14 Wood

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91926 C91926

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Ensor St ST.; 9 WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Ashbaugh

(Residence in Baltimore: No. 1611 Ensor St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, John Bruman

11-BIRTHPLACE OF FATHER (State or Country), Frederick

12-MAIDEN NAME OF MOTHER Mary. Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie M Ashbaugh Jr

(Address) 1611 Ensor St

15- Filed FEB 3 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Feb 1 1916, that I saw her alive on Feb 1 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Coma of heart disease

(Duration) X yrs. X mos. 16 ds.

CONTRIBUTORY (Secondary) Grippe and Chronic Myocarditis

(Duration) 10 yrs. X mos. ds.

(Signed) D H Dukes M. D.

Feb 1, 1916 (Address) 928 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Frederick Md.	Feb 4, 1916
20-UNDERTAKER	ADDRESS
C. S. Fanning	1938 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91927 C91927

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 22 WARD) REGISTERED No. C.....

2-FULL NAME Mary Parker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 9 W. Barre St. St.; 20 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.)
Female	Black	Married

6-DATE OF BIRTH, Apr. 15, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 9 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Private home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Wray

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Parker

(Address) 9 W Barre St

15- Filed FEB 3 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Feb. 1 1916, that I saw h alive on Feb. 1 1916 and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

(a) Gall Stone Pancreatitis

(b) Secretes

(c) Coma (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas E Smith M. D.

Feb 3, 1916. (Address) Emerson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 9 W Barre St

Former or usual residence 9 W Barre St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Feb. 3, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Pa St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91928 C91928

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Bayard, ST.; 21 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Boyd.

(Residence in Baltimore: No. 1121 Bayard. St.; 10 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 25, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Shipping Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Broom Department

9-BIRTHPLACE, (State or Country), St Marys Co Md.

PARENTS.

10-NAME OF FATHER, Samuel Boyd

11-BIRTHPLACE OF FATHER (State or Country) Charles Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Higgs

13-BIRTHPLACE OF MOTHER (State or Country) St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan H. Boyd.

(Address) 1121 Bayard St.

15- Filed FEB 3 - 1916 by ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1915, to Jany 21 1916, that I saw h[illegible] alive on Jany 25 1916, and that death occurred, on the date stated above, at 7 am m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma Chronic

(Duration) 1 yrs. mos. ds.

(Signed) Mitchell Davis M. D.

Feb 2, 1916. (Address) 727 Columbia St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Co Md. DATE OF BURIAL, Feb 5th 1916

20-UNDERTAKER John Howard, Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91929 50 C91929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Zito

(Residence in Baltimore: No. 349 N Eden St abt 35 St.; ..... yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, ... Mar 31, 1862 (Month) (Day) (Year)

7-AGE, 53 10 2 ..... yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Samuel Zito

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mrs de Cand

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mercurio

(Address) 349 N Eden St

15- Filed FEB 3 - 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1916, to Feb 2 1916, that I saw h[e] alive on Feb 2 1916 and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Grippe

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. 1 mos. ..... da.

(Signed) Thos. A. Stuart M. D.

F. B. D., 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 8 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 349 No Eden St.

Former or usual residence 349 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemtry

DATE OF BURIAL, Feb. 4, 1916

20-UNDERTAKER George J. Routh

ADDRESS 1735 Harford ave.

Spec.—5-19-13—M. & T.—500 Bks.

C91930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 W. Church ST.; 22 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Jackson

(Residence in Baltimore: No. 24 W. Church St. St.; 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... January ..... (Month) 1 ..... (Day) ..... (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: oyster Shucker 266
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, George Jackson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmonia Brooks

(Address) 112 Montgomery st

15- ROBERT, KRAUTER, Filed FEB 3 — 1916 191.. Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 3rd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Feb. 1 1916, that I saw him alive on Feb 1 1916, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Primary—Brights Disease

Immediate—Uremic Poison and Exhaustion (Duration) yrs. 2 mos. X ds.

CONTRIBUTORY (Secondary) (Duration) yrs. 2 mos. X ds.

(Signed) J. P. Strong M. D.

Feb. 3rd, 1916 (Address) 506 Halloway st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	Feb 5, 1916.
20-UNDERTAKER	ADDRESS
A. L. Brown & Son	108 N. Monty

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91931 C91931

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 E. Monument St.; 14 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary P. Barrette

(Residence in Baltimore: No. 1225 E. Monument St.: Life yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Prefix should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 19, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo E Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Moore

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Broadbelt

(Address) 1121 N. Caroline

15- FEB 3 - 1916 ROBERT , KRAUTER

Filed ....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2. 1915, to Feb 1. 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Tumor at the Base of the Brain, Acromegalia & Diabetes Mellitus, ... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis of Facial Nerves ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. M. Shuman M. D.

Feb 2, 1916 (Address) 1211 Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Feb 4, 1916

20-UNDERTAKER	ADDRESS
Helen Cook	502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

Howard Jones Augusta Frederick Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91932

CERTIFICATE OF DEATH.

79 C91932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Frederick Road St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Burns

(Residence in Baltimore: No. 3011 Frederick Road St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Don't know ..... (Month), ... (Day), 1 ..... (Year)

7-AGE, About 77 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Monitable

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Montable

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Brummel

(Address) 4112 Frederick Road

15- FEB 3 - 1916 Filed ....., 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1916, to Feb 2 1916, that I saw h[illegible] alive on Feb 2 1916, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ..... yrs. ..... mos. 3 hrs.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) Howard W Jones M. D.

Feb 2, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery | DATE OF BURIAL, Feb 4, 1916

20-UNDERTAKER William Cook | ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSION or CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C31933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1919 Sappington St.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Little

(Residence in Baltimore: No. 1919 Sappington St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Winchester Ind.

PARENTS.

10-NAME OF FATHER, John C. Little

11-BIRTHPLACE OF FATHER (State or Country), Winchester Ind.

12-MAIDEN NAME OF MOTHER Sarah Marsh

13-BIRTHPLACE OF MOTHER (State or Country), Tilman Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Haniette Simms

(Address) 1907 Somerset Ave

15-Filed FEB 3 - 1916, 191.. ROBERT M. de KRAUTENKO Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1916, to Feb 1 1916, that I saw her alive on Feb 1 1916, and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Cont Nephritis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) P. Garland Churchill M. D.

Feb 2, 1916 (Address) 424 East 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester Ind. DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER Walter Owens ADDRESS 318 Myrtle Ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nadolny

(Residence in ~~Baltimore~~ No. Back River, Md. 34 St.; yrs., — mos. — ds.)

WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 54 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer & Hunter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Owner

9-BIRTHPLACE, (State or Country), Germany Poland

PARENTS.

10-NAME OF FATHER, Martin Nadolny

11-BIRTHPLACE OF FATHER (State or Country). Germany Poland

12-MAIDEN NAME OF MOTHER Annie Komorowski

13-BIRTHPLACE OF MOTHER (State or Country). Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nodolny

(Address) Back River Md.

15- Filed FEB 3 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 2nd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Automobile accident

(Duration) yrs. mos. ds.

(Signed) Wm. H. Davis M. D. (Coroner.)

Feby 3, 1916 (Address). 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mon. 7 ds. In the State 34 yrs. 34 mos. 7 ds.

Where was disease contracted, if not at place of death? at Johns Hopkins Hospital

Former or usual residence Back River, Md.

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER M. F. Sadowski ADDRESS 905 S. Ann

C91935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C91935

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Dump foot Of Bush St ST. 22 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Banks

(Residence in Baltimore: No. 9 E Church st ST.? 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..Unknown.., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..Laborer.. 309
(b) General nature of industry, business, or establishment in which employed (or employer) ..Box Factory..

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Banks

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Fannie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..James Banks..

(Address) ..16 E Church st..

15- Filed FEB 3 - 1916, 191.. ROBERT . KRAUER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..dec..31.., 1915..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..in quiry.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..Inquiry.. (Inquest, autopsy or inquiry.) find that said deceased came to ..Dth.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

..Phthisis..

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) ..Pulmonary Hemorrhage..

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) E. L. Guyton M. D.
(Coroner.)

..Feb..1, 191.. (Address) ..527 Scott St..

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Auburn Cemetery	Feb 3 19 16
20-UNDERTAKER Geo H Hooper	ADDRESS 607 Belt Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1966 N Collington Ave ST.; 45 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur J. Bregel

(Residence in Baltimore: No. 1966 N Collington ave St.; Life yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unk ....., 1869
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bell Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Elected 316

9-BIRTHPLACE, (State or Country), Md-(City)

PARENTS.

10-NAME OF FATHER, John J. Bregel

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur J. Bregel

(Address) 1965 N Collington ave

15- FEB 3 - 1916 Filed ....., 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st 1916, to Feb 1st 1916, that I saw him alive on Feb 1st 1916, and that death occurred, on the date stated above, at 1.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis

(Duration) one year yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic Toxic

(Duration) 1 yrs. mos. ds.

(Signed) Wm L Rebetson White M. D.

Feb 2nd, 1916. (Address) 1819 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore	Feb 5, 1916.

20-UNDERTAKER	ADDRESS
Wm Cook	802 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C91937

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91937

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Launa Johnson

(Residence in Baltimore: No. 437 Orchard St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH Feb. 10, 1903 (Month) (Day) (Year)

7-AGE, 12 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Geo. Johnson.

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Alinda Johnson.

13-BIRTHPLACE OF MOTHER (State or Country), Mexico.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15-

Filed FEB. 3 1916, 191.... HARRY O. ANDREWS, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1915, to Feb. 7 1916, that I saw her alive on Feb. 7 1916, and that death occurred, on the date stated above, at 11 15 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) C. K. Leonard M. D.

Feb. 3, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 9 ds. In the State 12 yrs. 11 mos. 23 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 437 Orchard St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Saturday F. 1916.

20-UNDERTAKER Felix B. Pye — ADDRESS 1026 Madison St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form —6-24-14—M. & T.—2000 Blks.

C91938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C91938

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)
2-FULL NAME Anna Blechta.
(Residence in Baltimore: No. 721 N. Milton Ave ST.; 35 yrs., 6 mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 23, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 6 mos. 11 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country) City Maryland

PARENTS.

10-NAME OF FATHER, Louis Skorski

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Magdalena

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Mrs. Skorski
(Address)..... 721 N. Milton Ave

15-
Filed FEB 3 - 1916, 191.. HARRY O ARCHERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Feb 3 1916, that I saw h[illegible] alive on Feb 3 1916, and that death occurred, on the date stated above, at 1.50 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert Lewis M. D.

Feb 3, 1916. (Address) 1111 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs. .....mos. 2 ds. In the State Life yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death? 721 N. Milton Ave
Former or usual residence 721 N. Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer
DATE OF BURIAL, Feb 7, 1916

20-UNDERTAKER Wm. F. Enoch & Son
ADDRESS 1904 Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If less than one day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91939 C91939

CERTIFICATE OF DEATH.

REGISTERED No. C 130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Windsor Mill Road St.) 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alverta Downs

(Residence in Baltimore: No. 3505 Windsor Mill Road St.; 72 yrs., 6 mos., 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: July (Month) 30 (Day), 1843 (Year)

7-AGE: 72 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. City

PARENTS.

10-NAME OF FATHER: Jas Poulton

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Susan A Kelly

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Beasley

(Address) 3505 Windsor Mill Rd

15- FEB 3 - 1916 HARRY O. ANDREWS,

Filed....., 191.. Marital Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 2nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1916, to Feb. 2, 1916, that I saw her alive on Feb. 1st 1916, and that death occurred, on the date stated above, at 8 40 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. one mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) J. L. Tuerck M. D.

Feb. 3, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Feb 4 1916

20-UNDERTAKER Wm J Fickus — ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Illegible or improperly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91940

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C91940

REGISTERED No. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 12th Harlem. ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant son of J. H. & Eva Lee Jones

(Residence in Baltimore: No. 2 th Harlem St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH ... July ... (Month) 1 (Day), 1916 (Year)

7 AGE ... yrs. — mos. — ds. If LESS than 1 day, 2 hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER J. H. Jones Jr.

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Sue Jenny

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Jones

(Address) 12 th Harlem

15 Filed FEB 3 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ... July ... (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 191 ..., to ..., 191 ..., that I saw h[illegible] alive on July 1 ..., 191 6, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Prematur at- 6 2 mons

Cause Hydramnios.

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Insufficient development

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wesley Cole M. D.

..., 191 (Address) 220 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL Feb 3, 1916

20 UNDERTAKER W. J. Tickner & Son ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C91941

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91941

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Baker ST.; 16 WARD)

REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard H Edelen

(Residence in Baltimore: No. 1819 Baker St.; 30 yrs., mos., ds.)

WRITE PLAINLY. PHYSICIANS please note that AGE should be stated EXACTLY. Ages of children should be stated correctly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: May 5th, 1851 (Month) (Day) (Year)

7-AGE: 64 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Balto City Engineers Dept

9-BIRTHPLACE, (State or Country): Charles Co. Md.

PARENTS.

10-NAME OF FATHER: Henry Edelen

11-BIRTHPLACE OF FATHER (State or Country): Charles Co. Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Charles Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Elizabeth Edelen

(Address) 1819 Baker St

15- FEB 3 - 1916

Filed....., 191.... HARRY C ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24th 1916, to Feb 1st 1916, that I saw him alive on Feb 1st 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Wm. J. Sullivan M. D.

Feb 2nd 1916 (Address) 1701 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hughesville Md

DATE OF BURIAL, Feb 4, 1916

20-UNDERTAKER: W. J. Tuckerton

ADDRESS: North Pa

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91942 C91942

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 924 S. Paca ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L. Meier

(Residence in Baltimore: No. 924 S. Paca St.; 83 yrs., 6 mos. 6 ds.)

WRITE PLAINLY—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. (Month) 22 (Day), 1831 (Year)

7-AGE, 84 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lock Smith.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 31

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Henry L. Meier

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam G. Meier

(Address) 924 S. Paca

15- Filed FEB 3 1916, 191... HARRY O. ANDERS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1916 to Feb 2 1916, that I saw him alive on Feb 2 - 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

1. Broncho Pneumonia
2. Arteriosclerosis Bronchitis
(Duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. C. Fruiner M. D.

Feb 5, 191... (Address) 6 E Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Feb 4..., 1916.

20-UNDERTAKER Jos. Jenkins Son — ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

C91913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C91943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E. Augusta Av. WARD) 20

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Dram

(Residence in Baltimore: No. 340 E. Augusta Ave St.; Life, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 4, 1834
(Month) (Day) (Year)

7-AGE, 81 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joshua Dram

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Barbara Grove

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Dram

(Address) 340 E. Augusta Av

15- FEB 3 - 1916 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 2 1916, to Feb 1 1916, that I saw him alive on Feb 1 1916, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

Feb 3..., 191.6. (Address) Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb 4, 1916.
20-UNDERTAKER	ADDRESS
Jos Jeerdens, Son	217 E. Pra.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91911 C91911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x175

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jones

(Residence in Baltimore: No. [illegible] S.E. Washington D. C. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): Pa. R.R.

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, John. Jones.

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Katie Mixtes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bernard Jones
(Address) 907 7th St S.E. Washington D.C.

15- HARRY C ANDREWS,
Filed FEB 3 - 1916 191 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accident Pa R.R. Struck by freight car.
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Internal injuries
(Duration) yrs. mos. ds.
(Signed) H. W. Hohenberger M. D.
(Coroner.)
Feb 3, 1916 (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Lafayette Ind.
Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Feb 3, 1916

20-UNDERTAKER A. J. Marshall ADDRESS 3539 Falls Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE PENCIL.

Spec.—8-24-14—M. & T.—2000 Bks.

C91945 Annie Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 C91945 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Wilson.

(Residence in Baltimore: No. 1316 Brunt St.; 3 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, widow WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Date Known, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country), Talbot Co Md

PARENTS.

10-NAME OF FATHER, Henry Oliver

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md

12-MAIDEN NAME OF MOTHER Mary Betty

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Oliver

(Address) 133 W Preston St

15- Filed FEB 4 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Feb 2 1916, that I saw h.. alive on Feb 1, 1916, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

b

c

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Septic Bed Sores

(Duration) yrs. mos. 10 da.

(Signed) C. W. Mitchell M. D.

Feb 2., 1916. (Address) Md. Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 da. In the State yrs. mos. 29 da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1316 Brunt St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb. 4., 1916.
20-UNDERTAKER John H Owens	ADDRESS 1222 Penn Md

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should see that CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C91946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91946

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Forest ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Blackwell

(Residence in Baltimore: No. 307 Forest St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Leadle Creamery Co

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, Fred Blackwell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Emma Blackwell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Kinggold

(Address) 202 Dolphin St.

15- FEB 4 - 1916 ROBERT . KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Feb 3 1916, that I saw h[illegible] alive on Feb 1 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

(a) .....
Pulmonary Phthisis
(b) .....
(c) .....

In Infancy. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Septic sore throat

(Duration) ..... yrs. 7 mos. 21 ds.

(Signed) J. Edward Fisher M. D.

Feb 2, 1916 (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, Feb 6, 1916

20-UNDERTAKER John W Henderson — ADDRESS 214 Caroline

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If LESS than 1 day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91947 C91947

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 E Ism Pin al St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellsw Bailey

(Residence in Baltimore: No. 1504 E Ism Pin al St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, ... Unknown ....., 1868
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
48 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Washing & Ironing
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Family At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lewis Stafford

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... John Bailey .....

(Address) ..... 1504 E Ism Pin alley .....

15- FEB 4 - 1916 ROBERT , KRAUTER,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 2nd ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27th 1916, to Feb. 2nd 1916, that I saw her alive on " " 1916, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) "Grip"

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Jacob L Litman M. D.

2-2-, 1916 (Address) 31 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Feb. 4., 1916.
20-UNDERTAKER	ADDRESS
John W Henderson	817 Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91948

CERTIFICATE OF DEATH.

x 74 C91948

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. Jones

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs. 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ....November...., (Month) 1874 (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer Truck
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country). Ga.

PARENTS.

10-NAME OF FATHER. Thos. H. Jones.

11-BIRTHPLACE OF FATHER (State or Country). Ga.

12-MAIDEN NAME OF MOTHER. Mary Cofers

13-BIRTHPLACE OF MOTHER (State or Country). Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Ella Niles.....

(Address)..Luntman Ga.....

15-

Filed FEB 4 - 1916, 191.... ROBERT . BRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1916 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to Feb. 3, 1916, that I saw him alive on Feb. 3, 1916, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Removed at Operation. (Not tuberculous - Not cancer) ..... (history)

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY. (Secondary) Prostatitis - Pneumonia

Jan. 28, 1916. (Duration) 0 yrs. 0 mos. 15 ds.

(Signed) Geo. B. Dunn M. D.

Feb 3, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 10 ds. In the State ..... yrs. 1 mos. 10 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Luntman Ga

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Luntman Ga	Feb 4, 1916.
20-UNDERTAKER Edward C Fuller	ADDRESS 211 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91949 C91949

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore, Md. REGISTERED No. C 79

CITY OF BALTIMORE: (No. 1413 W. Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Anna Meyers

(Residence in Baltimore: No. 1413 W Franklin St.; 40 yrs. — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January 24, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Theodore Remmer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Bernard

(Address) 631 N. Fayette St.

15- FEB 4 - 1916 ROBERT . KRAUTER, Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

18-DATE OF DEATH, July 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 31 1916, to July 1st 1916, that I saw h[illegible] alive on July 1st 1916, and that death occurred, on the date stated above, at 10[illegible] m.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia Broncho

Chronic Pneumonia Broncho

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. M. Zimmerman M. D.

July 3, 1916. (Address) 824 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemty	July 4, 191.6
20-UNDERTAKER	ADDRESS
A. Abbott & E. Fuller	321 N Bradly

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9195 0 — 25 yrs — 28 — C9195 0

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Linden Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Mannion

(Residence in Baltimore: No. 1102 Linden Ave St.; 25 yrs., ... mos. ... ds.)

WRITE PLAINLY. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, ... January ..., 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Mannion

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Nancy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Mannion

(Address) 1102 Linden Ave

15- FEB 4 - 1916 Filed ..... 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915 to Feb 2 1916, that I saw him alive on Jan 29 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Arter. Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

(Signed) Elmer B. Freeman M. D.

2/3, 1916 (Address) 412 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Feb 5., 191.6.

20-UNDERTAKER H. Fahey & Sons — ADDRESS 606 Lafayette Ave

Spec.—5-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C9195 1 — 92 — C9195 1

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 W. Lafayette ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah D. Polley

(Residence in Baltimore: No. 637 Lafayette ave St.; 75 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) January (Day) 1841 (Year)

7-AGE, 75 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Elisha Randall

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Ellen Butler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Bossom

(Address) 637 W Lafayette Av

15- FEB 4 - 1916 ROBERT , KRAUTER, Registrar.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feby (Day) 3, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from January 18 1916, to Feby 3 1916, that I saw h.er alive on Feby 3 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 17 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Chas. L. Chandler M. D.

Feby 3, 1916. (Address) 548 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cathedral — DATE OF BURIAL, Feb 5....., 1916

20-UNDERTAKER H. Fahey & Son — ADDRESS 606 Lafayette Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHRASING must be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91952 C91952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Vine ST.; 19 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Severia Moulden

(Residence in Baltimore: No. 1520 Vine St.; 15 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If LESS than a day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown, ..., 1853.
(Month) (Day) (Year)

7-AGE: 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James King

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Moulden

(Address) 1520 Vine St

15- Filed FEB 4 - 1916, 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to Feb 1st 1916, that I saw her alive on Feb 1st 1916 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A P Waddock M. D.

Feb 7, 1916 (Address) 117 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cutty — DATE OF BURIAL, Feb 4, 1916.

20-UNDERTAKER Alfred J Fassland — ADDRESS 114 N Church St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91953 C91953

104

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1523 Fleet ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lillian Baumeister

(Residence in Baltimore: No. 1523 Fleet St.: yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 5th, 1914.
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Baumeister

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Augusta Reiste

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Baumeister

(Address) 1527 Fleet st

15- FEB 4 - 1916 Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro Pelitis

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) David W. Jones M. D.
(Coroner.)

Feby. 3rd, 1916. (Address) 2116 O'Donnell st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Evangelical Cem.	Feb. 4th, 1916
20-UNDERTAKER H. Vander Horn	ADDRESS 1310 Fleet st

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91954 C91954

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 S. Patterson Park Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Cooper

(Residence in Baltimore: No. 1145 S. Patterson Park Ave yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. 8, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Secretary
(b) General nature of industry, business, or establishment in which employed (or employer) Coal Iron Co.

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John W. Cooper

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Louisa F. Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Cooper

(Address) 1145 S. Patterson Park Ave

15-

Filed FEB 4 - 1916, 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1915, to Feb. 2 1916, that I saw him alive on Feb. 1, 1916, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 3 mos. 19 ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. 1 mos. ds.

(Signed) J. S. Cox M. D.

Feb. 2, 1916 (Address) 1201 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Feb. 5, 1916

20-UNDERTAKER Wm. C. Black — ADDRESS 929 N. Bond

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 167

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M Litz

(Residence in Baltimore: No. 215 S. 7th St Highlandtown St.; 3 yrs., 6 mos. 9 ds.)

WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Aug 24, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George M Litz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Berger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Litz

(Address) 215 S 7th St.

15- FEB 4 - 1916 Filed ROBERT , KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns 2° Head and neck & body

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) burns with Nothing (3) days 2/16

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin Jones M. D.
(Coroner.)

Feb 2nd 1916 (Address) 526 N. Dallas Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 3 yrs. 6 mos. 9 ds.

Where was disease contracted, if not at place of death? 215 South 7th

Former or usual residence 215 South 7th Highlandtown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Feb 4, 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 Gorsuch

Spec.—8-24-14—M. & T.—2000 Bks.

C91956

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91956

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah E Gardner.

(Residence in Baltimore: No. 815 N. Wolfst. St.; 64 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md Balto.

PARENTS.

10-NAME OF FATHER, Thomas Ashby

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas T. Gardner

(Address) 1307 E. Northam

15-
Filed FEB 4 - 1916, 191.. ROBERT J. BRAUER,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20th 1916, to Feb. 3rd 1916, that I saw her alive on Feb 3rd 1916, and that death occurred on the date stated above, at 9.15 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg.

(Duration) 4 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E Shipley M. D.

Feb 3rd 1916 (Address) Md Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 815 N. Wolf St.

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cemetery — DATE OF BURIAL, Feby 5, 1916

20-UNDERTAKER William Cook — ADDRESS 902 E North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C31957 C31957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 W Lafayette Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Glendora Whiting

(Residence in Baltimore: No. 1331 W Lafayette Ave St.; 25 yrs., ... mos. ..... ds.)

WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1865 (Year)

7-AGE 50 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Sparks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel Rigby

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J Whiting

(Address) 1331 W Lafayette

15- ROBERT J. KRAUTER, Burial Permit Clerk

Filed FEB 4 - 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to Feb. 1 1916, that I saw h.r alive on Feb. 1 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Emphysema caused by
asthma. Asthma caused by
chronic bronchitis
(Duration) 4 days under my care yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

2-3, 191.6 (Address) 1302 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Feby 5, 1916

20-UNDERTAKER William Cook ADDRESS 502 E Monte

Spec.—8-24-14—M. & T.—2000 Bks.

C91958

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91958

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Reese St 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward De Martini

(Residence in Baltimore: No. 2811 Reese St

St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. December 17, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retail Coutere
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer.

9-BIRTHPLACE, (State or Country), France.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susanne De Martini

(Address) 2811 Reese St

15- ROBERT J. KRAUTER, Registrar of Vital Statistics

Filed FEB 4 — 1916, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1916, to Feb 3rd 1916, that I saw h— alive on Feb 3rd 1916, and that death occurred, on the date stated above, at 2.05 p.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. A. Thompson M.D.

Feb 3rd 1916 (Address) 2137 Hanover Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland Cemetery. DATE OF BURIAL, Feb. 6, 1916.

20-UNDERTAKER Wm Poole. ADDRESS 502 E. York

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91959

C91959

CERTIFICATE OF DEATH.

× 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. Sidney Bryant

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 3 ds.)

WRITE PLAINLY. Every item should be stated EXACTLY. PHYSICIAN'S CERTIFICATE should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Feb. 16, 1851. (Month) (Day) (Year)

7-AGE. 64 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Captain of boat.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private property of deceased

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Bryant

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary E. Elmore

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... The deceased.....

(Address).....

15- Filed FEB 4 - 1916, 191.....

ROBERT . KRAUTHOFF
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 3 1916, that I saw h. in alive on February 3 1916, and that death occurred, on the date stated above at 8.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. Unknown ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

..... (Duration) ..... yrs. ..... mos. unknown ds.

(Signed) E. Howard Donaldson M. D.

2/3....., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Broomes Island, Calvert Co. Md.

19-PLACE OF BURIAL OR REMOVAL. Brooms Island Md

DATE OF BURIAL. Feb 4....., 1916.

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91960

CERTIFICATE OF DEATH.

150 C91960

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Morlock

Residence in Baltimore: No. 1921 E. Biddle St (St.; 5 yrs., 6 mos. ds.)

WRITE PLAINLY. Every item should be carefully supplied. AGE should be stated EXACTLY. If OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If OCCUPATION is very CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1910 (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Frederick Morlock

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Clara Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 4 - 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1916, to February 3 1916, that I saw h in alive on February 3 1916, and that death occurred, on the date stated above, at 1.20 p m.

The CAUSE OF DEATH* was as follows:

Syphilis

..... (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) H.y. arrocephalus

..... (Duration) 5 1/2 yrs. mos. ds.

(Signed) Kenneth J. Maxcy M. D.

Feb. 3, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 24 ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1921 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 5, 1916.

20-UNDERTAKER Lilly & Zeller

ADDRESS 408 S. Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91961 C91961

CERTIFICATE OF DEATH.

137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Jessup.

(Residence in Baltimore: No. 1816 Winchester St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored.	Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
17 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.....

9-BIRTHPLACE, (State or Country), Lancaster Co Va

PARENTS.

10-NAME OF FATHER, Williams Jessup

11-BIRTHPLACE OF FATHER (State or Country) Lancaster Co Va

12-MAIDEN NAME OF MOTHER Anna Taylor

13-BIRTHPLACE OF MOTHER (State or Country) Lancaster Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nadine Gibbs

(Address) 1315 Pleasant St.

15- FEB 4 - 1916 ROBERT , KRAUTER
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Feb 2 1916, that I saw h[er] alive on Feb 2 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Miller M. D.

Feb 2, 1916 (Address) Md. Genl. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. 6 ds.

Where was disease contracted, if not at place of death? At her home.

Former or usual residence 1315 Winchester St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Williams Burial Ass'n	Feb 7, 1916.
20-UNDERTAKER Lancaster Va	ADDRESS
Ernest E. Dennis	1503 Pennsylvania

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Particulars of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91962 C91962

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 208 E. 25th St.; 12 WARD)

2-FULL NAME Robert Hughes.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 208 E. 25th St.; 4 yrs. mos. ds.)

WRITE PLAINLY, with pencil or pen and ink. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, March 24th, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber master
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, James Hughes

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua C. Hughes

(Address) 208 E. 25th St.

15- Filed FEB 4 - 1916, 191... ROBERT J. KRAUTER, BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3d, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 31st 1916, to Feb 3d 1916, that I saw h[illegible] alive on Feb 2d 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Heart Disease

Duration 8 d

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile ?

(Duration) yrs. mos. ds.

(Signed) Wm H. Pearl M. D.

Feb 3d, 191.. (Address) 205 N Chester St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feby 5, 191.6.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1211 W Fayette

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91963 C91963

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N. Gilmore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Fendricks.

(Residence in Baltimore: No. 16 N. Gilmore St.; 14 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feby. 18th, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt. Chesapeake
(b) General nature of industry, business, or establishment in which employed (or employer)..... Iron Works

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Abraham B. Hendricks

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Caroline Ert

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. M. Hendricks

(Address) 128 S. East Ave

15- Filed FEB 4 - 1916 191.... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21st 1915, to Feb 3 1916, that I saw him alive on Feb 2nd 1916, and that death occurred, on the date stated above, at 5.50 A.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial
Nephritis, complicating
Arteriosclerosis

(Duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Henry E. Uhle M. D.

Feb 3, 1916. (Address) 1203 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feby 5th, 1916.

20-UNDERTAKER E. M. Mitchell & Co.

ADDRESS 120 W. Fayette

Spec.—5-19-13—M. & T.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91961 91 C91961

1-PLACE OF DEATH Nursery & Child's Hosp REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Franklin & Schroeder Sts. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Brockwell

(Residence in Baltimore: No. Nursery & Childs Hosp St.: ...yrs., 8 mos. 15 ds.)

WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIAN is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, May 17, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS:

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp

(Address) Franklin & Schroeder Sts.

15- Filed FEB 4 1916 191... ROBERT JOHN KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1913, to Feb 1 1916, that I saw h in alive on Feb. 1 1913, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

Alimentary Decomposition
(Chronic Severe Malnutrition)
(Duration) ...yrs. ...mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(Duration) ...yrs. ...mos. 2 ds.

(Signed) Edgar Burdenzell M. D.

Feb 2, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence None (Was a diphtheria Carrier)

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	FEB 3 1916, 191...
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91965 C91965

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S Vincent ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Simes

Residence in Baltimore: No. 314 S Vincent St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, 1 (Month) 30 (Day) 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 12 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillian Simes

13-BIRTHPLACE OF MOTHER (State or Country) Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 4 - 1916 ROBERT J. KRAUTHER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-30 1916, to 1-31 1916, that I saw h[illegible] alive on 1-30 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) P. L. Reed M. D.

1-31, 1916 (Address) Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, FEB 2 - 1916 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

3566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C91966

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Emergency Hosp) Mercy Hospital ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carolina Boyer.

(Residence in Baltimore: No. 1703 Maryland Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Adult

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). City.

PARENTS.

10-NAME OF FATHER, ?.

11-BIRTHPLACE OF FATHER (State or Country), ?.

12-MAIDEN NAME OF MOTHER Viola Boyer.

13-BIRTHPLACE OF MOTHER (State or Country). 24 W. 26th St.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Police records.

(Address).....

15- Filed FEB 4 - 1916, 191.....

ROBERT JOHNS HOPKINS HOSPITAL
Burial Permit Clerk
KRAUTER, Commissioner Health.
Registrar.

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....Inquest.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to .....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Broncho-pneumonia .....

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....Malnutrition.....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... Thos. H. Chambers. M. D.
(Coroner.)

Jan. 29, 191 6 (Address) ... 18 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL, FEB 1 - 1916, 19...

20-UNDERTAKER

ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

35651

C91567 C91567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 10 W Church St ST.; 22 WARD) REGISTERED NO. C 170

2-FULL NAME Henry Watson

(Residence in Baltimore: No. 10 W Church St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laundry

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Taylor

(Address) 10 W Church

15- FEB 4 - 1916 ROBERT , KRAUTER, Registrar.

Filed....., 191.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 13 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Chronic

(Duration) Past yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Jan 26, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, FEB 1 - 1916, 19....

20-UNDERTAKER, Commissioner Health. ADDRESS

FOR MUNICIPAL PURPOSES

12362

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91968

C91963

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Tierney

(Residence in Baltimore: No. 703 W. Lombard st. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1873
(Month) (Day) (Year)

7-AGE, 42 yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Henry Pollen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Renshew

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) The deceased

(Address).....

15- Filed FEB 4 - 1916, 19..

ROBERT [illegible], Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1916, to Feb 2 1916, that I saw h.r. alive on February 2 1916, and that death occurred, on the date stated above, at C.P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Chronic Endocarditis (Duration) Unknown

(Signed) Howard Donald M. D.

Feb 3 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 1 ds. In the State 19 yrs....mos....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 703 W. Lombard st

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
OF MARYLAND.	
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK.

WRITE PLAINLY, WITH UNFADING INK—THIS IS REQUIRED BY LAW.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91969

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1118 Russell ST.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenza Thomas

(Residence in Baltimore: No. 1118 Russell St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Unknown

6-DATE OF BIRTH, — — 1—
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Dejon

(Address) 1118 Russell

Filed FEB 4 - 1916, 191.... Registrar.

ROBERT [illegible]
Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis (Pulmonary)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 30, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, FEB 1 - 1916, 19....

20-UNDERTAKER ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91970 61 C91970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 E. Barney ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton P. Miles

(Residence in Baltimore: No. 504 E Barney St.; ..... yrs., 7 mos. 5 ds.)

WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June (Month) 28 (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Claud Miles

11-BIRTHPLACE OF FATHER (State or Country), Montgomery Co. Md.

12-MAIDEN NAME OF MOTHER Ruth Clark

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Claud Miles

(Address) 504 E. Barney St

15- Filed FEB 4 - 1916, 191..... ROBERT , KRAUTHOFF, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 2 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1916, to July 2 1916, that I saw h[illegible] alive on July 2nd 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Meningitis Simple

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) H. Lee Rudo M. D.

July 4, 1916. (Address) 1228 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 4, 1916

20-UNDERTAKER W. A. McL. Flynn ADDRESS 1422 Inglis St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91971

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Hyman

(Residence in Baltimore: No. 713 W German St St.; ....yrs,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH, ..., 1891.. (Month) (Day) (Year)

7-AGE, ...25.....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Freeman Hyman

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Anne Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address)..... 713 W German St.

15- Filed FEB 4 - 1916 By..... Burial Permit Clerk.

ROBERT . KRAUTER,

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan.....29th....., 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Jan 29 1916, that I saw h.im alive on Jan 28th 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

Tal

..... (Duration) ....yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis Chronic

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) M D Grant M. D.

Feb 1, 1916 (Address) Union Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? - ?

Former or usual residence 713 W German St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, Jan 31, 1916.
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

3558

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91972

CERTIFICATE OF DEATH.

81 C91972

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3308 Windsor Ave St.; 13 WARD)
2-FULL NAME Frederick Bonhagr
(Residence in Baltimore: No. 3308 Windsor Ave St.; ..... yrs., ... mos. 2 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January (Month) 1 (Day) 1877 (Year)

7-AGE, 39 yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Oyster packer
(b) General nature of industry, business, or establishment in which employed (or employer) 36

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Philip Bonhagr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elizabeth F Bonhagr
(Address) 3308 Windsor Ave

15-
Filed FEB 4 - 1916, 191... ROBERT , KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1913, to Feb 3 1916, that I saw him alive on Feb 3 1916, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:
Aortic Insufficiency
(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilatation of Aorta
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) M E Stephenson M. D.
Feb 4, 1916. (Address) 1049 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Feb 6, 1916
20-UNDERTAKER J E Hughes 17	ADDRESS S Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C01573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

176

C01573

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp St. 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence McCormick

Residence in Baltimore: No. 2015 Frederick Ave St.; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, June 24, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry Wagon

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Wm McCormick

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia Webb

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie McCormick

(Address) 2346 Frederick Road

15- Filed FEB 4 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Alcoholism (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fractured Skull

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Sutton M. D.

Feb 3, 1916 (Address) 242 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 20 ds. In the State 28 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2015 Frederick Ave

Former or usual residence 2015 Frederick Ave

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Feb 6, 1916
20-UNDERTAKER Geo J Smith	ADDRESS 1000 W Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91974

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C91974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Saint Ann ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry A. Sumner

(Residence in Baltimore: No. 773 Saint Ann St.; 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, Unknown, 186[illegible]
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steedore

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Dont Knows

11-BIRTHPLACE OF FATHER (State or Country), Dont Knows

12-MAIDEN NAME OF MOTHER Dont Knows

13-BIRTHPLACE OF MOTHER (State or Country), Dont Knows

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Sumner

(Address) 773 Saint Ann St

15-FEB 5- 1916
Filed....., 191..... HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 31 1916, to Feby 1st 1916, that I saw h[illegible] alive on Feby 1st 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Chronic Enteritis (Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Catarrhal Pneumonia

..... (Duration) — yrs. — mos. 7 ds.

(Signed) Edward E. MacKenzie M. D.

Feb 7, 1916 (Address) 1339 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Feb. 5, 1916

20-UNDERTAKER Daniel Easton ADDRESS 976 Lemmon

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91975

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91975

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Annie Larkin

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widd

6-DATE OF BIRTH, ... Nov 20 ....., 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 3 mos. ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 8th
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bellaire Md

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Laura Brady

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sister Mary Cor,

(Address)..... Mercy Hospital

15-

Filed FEB 5 - 1916 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 4 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21 1915, to Feb 4 1916, that I saw h.r alive on Feb. 5 1916, and that death occurred, on the date stated above, at 3:26 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

Feb 5, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 2 mos. 5 ds. In the State 3 yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? Bellaire Md.

Former or usual residence Still Pond Kent Co Md

19-PLACE OF BURIAL OR REMOVAL, Still Pond Kent Co Md — DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER Victor J. Fassbaugh — ADDRESS 1620 Pt Road

WRITE PLAINLY, WITH UNFADING INK.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C91976

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 Fleet ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Zykowska

(Residence in Baltimore: No. 2025 Fleet

St.; yrs. 36 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Lawrence Novak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Novak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Zykowska

(Address) 2025 Fleet St

15- FEB 5 - 1916 HARRY O. ANDREWS, Burial Permit Clerk
Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. D. Jones M. D.
(Coroner)

Feby 4, 1916 (Address) 3116 Gilmore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feby 7th, 1916.
20-UNDERTAKER M. F. Sadowski	ADDRESS 1705 E. Monument

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C91977 C91977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Durham ST.; 7 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Rimbach

(Residence in Baltimore: No. 307 S Durham St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 17th, 1916
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) of Ice wagon

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frank.

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Magie Weber

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Rimback

(Address) 307 S Durham

15-
Filed FEB 5 - 1916, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 3 1916, that I saw h[er] alive on Feb 2 1916, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Fred Heller M. D.

Feb 4, 1916. (Address) 1937 Vaughan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Feb 5, 1916

20-UNDERTAKER John A Moran ADDRESS Bank & Lanvale

Spec.—5-19-13—M. & T.—500 Bks.

C91978 C91978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Light ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Howser

(Residence in Baltimore: No. 1737 Light St.: 50 yrs., mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. (Month) 8 (Day), 1865 (Year)

7-AGE, 50 yrs. mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 70
(b) General nature of industry, business, or establishment in which employed (or employer): City Street Cleaning Dept

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, George Howser

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Catherine Fonty

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Howser

(Address) 1737 Light St

15- Filed FEB 5 - 1916, 191... HARRY G. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1915, to Feb. 2 1916, that I saw him alive on Feb. 1 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Cardiac asthenia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis pul.

Mesenteric thrombosis (Duration) yrs. 6 mos. ds.

(Signed) J. F. Hoffman M. D.

Feb. 3 1916. (Address) 1 E Pendleton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Feb. 5..., 1916
20-UNDERTAKER H. & M. J. Flynn	ADDRESS 1422 Light St

C91979

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 304 Rock St.: 18 WARD) REGISTERED No. C 79

2-FULL NAME Thomas M Hartel

(Residence in Baltimore: No. 304 Rock St.; yrs., 52 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 13 (Day), 1839 (Year)

7-AGE. 76 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Potter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Flower Pots

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hartel

(Address) 304 Rock St

15 FEB 5 - 1916 HARRY O ANDREWS,

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Org Heart disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) J G Jeffers M. D.
(Coroner)

Feb 4, 1916 (Address) 242 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER John J Fields — ADDRESS 1209 W Pratt St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

FEB 5 - 1916 C91980

CERTIFICATE OF DEATH.

92 C91980

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1160 N. Hamburg ST.; 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Parker

(Residence in Baltimore: No. 1160 N. Hamburg St.; 60 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (*Write* the word.) Widower

6-DATE OF BIRTH, June 2, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): Driver (Owner)

9-BIRTHPLACE, (State or Country), Berlin Germany

PARENTS.

10-NAME OF FATHER, Frederick Parker

11-BIRTHPLACE OF FATHER (State or Country). Berlin Germany

12-MAIDEN NAME OF MOTHER Hannah Becker

13-BIRTHPLACE OF MOTHER (State or Country), Berlin Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Parker

(Address) 1160 Hamburg st

15-FEB 5 - 1916 Filed....., 191. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th, 191.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 29 1916, to Feb 4 1916, that I saw h[illegible] alive on Feb 3 29 1916, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ....yrs. ....mos. ....ds.

(Signed) Shepherd D Gaw M. D.

Feb 4, 1916. (Address) 177 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 6, 1916.

20-UNDERTAKER John F. Fields — ADDRESS 1200 W. Lombard

C61981 C61981

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1105 Rose St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Taylor

(Residence in Baltimore: No. 1105 Rose St St.; 5 yrs. 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: Colored — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Dec (Month) 7 (Day) 1910 (Year)

7-AGE: 5 yrs. 1 mos. 24 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): child

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: George Taylor

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Mazzie Scott

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mazzie Taylor

(Address) 1105 Rose St.

15- Filed FEB 5 - 1916, 191 — HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 3 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to, July 2 1916, that I saw her alive on July 2 1916 and that death occurred, on the date stated above, at 1:00 a. m.

The CAUSE OF DEATH* was as follows:

Spinal Meningetis

(Duration) ..... yrs ..... mos. 10 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) F. C. Smith

7/3 1916. [Address] 916 Eight St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cf — DATE OF BURIAL: Feb 6 191 6

20-UNDERTAKER: J. L. Bozman Son — ADDRESS: 10 Williams st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91982

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C91982

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2565 Frederick Ave ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Agnes Wessels

(Residence in Baltimore: No. 2565 Frederick Ave St.: 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH April 10, 1874
(Month) (Day) (Year)

7 AGE 36 yrs. 9 mos. 24 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9 BIRTHPLACE (State or country) Taylor. Pa

PARENTS

10 NAME OF FATHER William Doran

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (State or country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Asa L. Wessels

(Address) 2565 Frederick Ave

15 Filed FEB 5 - 1916, 191.. HARRY O. ADAMS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1916, to, Feb 3rd 1916
that I saw h er alive on Feb 3rd 1916
and that death occurred, on the date stated above, at 12 20 a. m.
The CAUSE OF DEATH* was as follows:

Diabetis

(Duration) Indefinite yrs. mos. ds

Contributory (SECONDARY) Acute Grip

(Duration) yrs. mos. 6 ds.

(Signed) John B. E. Keegan M. D.

Feb 4, 191 6. (Address) 1529 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 7, 191 6

20 UNDERTAKER Jos B Ewell | ADDRESS 1003 N Gilmore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C91983

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C91983

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2149 Vine ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Joeller

(Residence in Baltimore: No. 2149 Vine St.; 26 yrs. 1 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH: Dec 25, 1889 (Month) (Day) (Year)

7-AGE: 24 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sewing Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Cafe

9-BIRTHPLACE (State or country): Md. City

PARENTS

10-NAME OF FATHER: Edward E. Joeller

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Joeller

(Address) 214 Vine St.

15. Filed FEB 5 - 1916, 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1916, to Feb 3 1916.
that I saw h[illegible] alive on Feb 2, 1916.
and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Dr. Mackey Stoerg M. D.

Feb 3, 1916 (Address) 1709 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Feb. 6, 1916

20-UNDERTAKER: Jos S Cook ADDRESS 1003 W Balto

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91984 C91984

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N Rospleton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgaret Louise Durall

(Residence in Baltimore: No. 102 N. Rospleton St.; 52 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Aug 25, 1863 (Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S. Balto City

PARENTS.

10-NAME OF FATHER, Francis M Durall

11-BIRTHPLACE OF FATHER (State or Country), U.S. Md.

12-MAIDEN NAME OF MOTHER Morgaret Culmen

13-BIRTHPLACE OF MOTHER (State or Country), U.S. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward M. Durall

(Address) 2618 Ellamont Ave

15- Filed FEB 5 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb 3 1916, that I saw h— alive on Feb 3 1916, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 7 ds.

(Signed) E. C. Coolahan M. D.

Feb 4, 1916. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91985

CERTIFICATE OF DEATH.

152 C91985

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 414 E. Eager ST.; 11 WARD)

2-FULL NAME Infant of Anna & Richard Obringer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 414 E Eager St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH. February 4th, 1916
(Month) (Day) (Year)

7-AGE. ....yrs. ....mos. ....ds.
If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Richard Obringer

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Anna Epple.

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Richard Obringer
(Address) 414 E Eager St.

15-
Filed FEB 5 - 1916, 191.... ROBERT J. KRAUTER, Burial Permit Officer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 4 1916, that I saw h.... alive on Feb - 4 1916, and that death occurred, on the date stated above, at 1 05 p m.

The CAUSE OF DEATH* was as follows:

Atelectasis

.....

.....

..... (Duration) ....yrs. ....mos. 5 min. ds.

CONTRIBUTORY (Secondary) Dystochia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Alois B Lehman M. D.

Feb 4, 1916. (Address) 718 N Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral
DATE OF BURIAL, Feb. 5, 1916.

20-UNDERTAKER Henry Kloeck & Son
ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPERATIVE.

Spec.—8-24-14—M. & T.—2000 Bks.

Elmer M. Madden.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91986

CERTIFICATE OF DEATH.

C91986

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer M. Madden

(Residence in Baltimore: No. 1730 Division St.; ...yrs.,...mos.,...ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 10th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 24 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Elmer Madden

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ada Riggs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Madden

(Address) 1730 Division St

15- FEB 5 - 1916 ROBERT . KRAUTHER,
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th 1916, to Feb 4th 1916, that I saw h[e] alive on Feb 3d 1916, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Tooth - Intestines

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Impacted Tooth

(Duration) ...yrs. ...mos. ...ds.

(Signed) Aimee Elliott M. D.

Feb 4th 1916. (Address) 924 Mad. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Lukes Reisterstown Md. DATE OF BURIAL, Feb 5..., 1916

20-UNDERTAKER George W. Holland ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Emma V. Mullen

Spec.—8-24-14—M. & T.—2000 Bks.

C91987

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91987

105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Hillcrest St.: 10 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V Mullen

(Residence in Baltimore: No. 1022 Hillcrest St.: 53 yrs., 10 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 16, 1862. (Month) (Day) (Year)

7-AGE, 53 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER Moses Cromshaw

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Francis Durall

13-BIRTHPLACE OF MOTHER (State or Country). Vermont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Blumenbergen

(Address) 1022 Hillcrest St

15-

FEB 5 1916

Filed....., 191..... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10th 1916, to January 14th 1916, that I saw h[illegible] alive on January 14th 1916, and that death occurred, on the date stated above, at 6:35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E Stone M. D.

Jan 14th, 1916 (Address) 502 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Jan 16, 1916

20-UNDERTAKER. William Cook

ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C91988

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1918

C91988

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N. Carrollton Ave ST. ..... WARD)

2-FULL NAME Sarah Tracey

(Residence in Baltimore: No. 519 N. Carrollton Ave St.; 65 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single.

6-DATE OF BIRTH: November (Month) 3 (Day), 1843 (Year)

7-AGE: 72 yrs. 3 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: George Tracey.

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Sallie Ruskell.

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Sallie R. Graydon,

(Address) 519 N. Carrollton Av.

15. Filed FEB 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1916, to July 3, 1916, that I saw h[illegible] alive on July 3, 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 4 ds

Contributory (SECONDARY) Uraemic Convulsion

(Duration) yrs. ..... mos. 1 ds.

(Signed) Edward H. Condon M. D.

July 4, 1916 (Address) 720 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb'y. 5, 1916

20 UNDERTAKER: Stewart & Bowen Co'm'y.

ADDRESS: 108 W. North

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91989 C91989

CERTIFICATE OF DEATH.

'78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1235 Myrtle Ave ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Kennard Stevens

(Residence in Baltimore: No. 1235 Myrtle Ave St.; 47 yrs. 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November (Month) 29 (Day), 1868 (Year)

7-AGE, 47 yrs. 2 mos. 6 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J. Wm. Stevens

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sallie Emory

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. K. B. Seegar

(Address) 1529 Park Ave

15- Filed FEB 5 - 1916, 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Feb 4th 1916, that I saw h-im alive on Feb 4th 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation with pulmonary Oedema

(Duration) yrs. 24 hours mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 4 mos. ds.

(Signed) J. King B. E. Seegar M. D.

Feb 4 191... (Address) 1529 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Feby 6, 1916

20-UNDERTAKER Stewart Mourn Co — ADDRESS 1518 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS

Spec.—8-24-14—M. & T.—2000 Blks.

C91990

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91990

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Clifford

(Residence in Baltimore: No. 1114 Gunegor Ave St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 30, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, William Clifford

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

FEB 5 - 1916

Filed, 191 ROBERT J. KRAUTHER, Registrar. Asst. 1st Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Feb 4 1916, that I saw h[illegible] alive on Feb 4 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Stomach and Intestinal Trouble

(Duration) 3 wks.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 5, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 7, 1916
20-UNDERTAKER	ADDRESS
Robt J Turner	[illegible] W Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS LAW.

C91991

HEALTH DEPARTMENT---CITY OF BALTIMORE

C91991

CERTIFICATE OF DEATH

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W. 38th. St. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A. Fuhrman

(Residence in Baltimore: No. 1022 W. 38th. St. St.; 33 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Nov. (Month) 11 (Day) 1838 (Year)

7-AGE: 77 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wm. Schaffer

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Julia Ruby

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. John Frank

(Address): #1022 W. 38th. St.

15- Filed FEB 5 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24, 1916, to, Feb 3 1916, that I saw her alive on Feb 2, 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs ... mos. 9 ds.

Contributory (SECONDARY) old age,

(Duration) ... yrs ... mos. ... ds.

(Signed) Geo W. Dorsett M. D.

Feb 4, 1916 [Address] 2020 N. Charles

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Carroll Co.	Feb 6th, 1916

20-UNDERTAKER	ADDRESS
A. S. Marshall	3539 Falls Road

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C91992

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 W. Fayette ST.; 20 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hohenberger

(Residence in Baltimore: No. 2109 W. Fayette St.; Life ...yrs,... ...mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 10, 1890 (Month) (Day) (Year)

7-AGE, 25 yrs. 9 mos. 25 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor 532
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hohenberger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Lena Braun

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Hohenberger

(Address) 2109 W. Fayette St

15- Filed FEB 5 1916 ROBERT KRAUSER, Registrar. Permit Out

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 2 1916, to Feb. 3 1916, that I saw him alive on Feb. 3 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) unknown

CONTRIBUTORY (Secondary) Hemorrhage from ulcers of nose: (Duration) 1 yrs. mos. ds.

(Signed) Geo. M. Smart M. D.

Feb. 4, 1916 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 7th, 1916

20-UNDERTAKER Wm. Walters John H. Deubel ADDRESS 301 W. Fayette St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS [illegible]

C91993

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C91993

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2430 Foster ave St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth O'Connor

(Residence in Baltimore: No. 2430 Foster ave St.: 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Feby (Month) 29nd (Day), 1846 (Year)

7-AGE: 69 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Balster

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John O'Connor

(Address) 2430 Foster ave

15. Filed FEB 5 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 3rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Janr 28th, 1916, to, Feby 3rd 1916, that I saw h-er alive on Feby 2nd, 1916, and that death occurred, on the date stated above, at 12½ m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 35 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.

Feby 3rd, 1916 (Address) 3110 Greenmount ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn | DATE OF BURIAL: Feb 6th, 1916

20-UNDERTAKER: John A Moran | ADDRESS Bank & Amity Sts

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91994 64 C91994

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 Edmondson Av. St.) 20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gurke

(Residence in Baltimore: No. 2747 Edmondson Av, St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 78 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Carroll Co. Md

PARENTS

10-NAME OF FATHER: Wm Stansbury

11-BIRTHPLACE OF FATHER (State or country): Carroll Co

12-MAIDEN NAME OF MOTHER: Elizabeth Kintzer

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace C. Dengony

(Address) 1404 Poplar Grove

15- Filed FEB 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1916, to Feb. 5th, 1916, that I saw h.e.r alive on Feb. 4th, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uremia & Cirrosis - Myocarditis,

..... (Duration) 1 yrs ..... mos ..... ds.

Contributory (SECONDARY) Cerebral Haemorrhage

..... (Duration) ..... yrs — mos. 3 ds.

(Signed) Frank M. Hillis M. D.

Feb. 5th, 1916 [Address] 2201 Edmondson Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Westminster Md DATE OF BURIAL: Feb 7, 1916

20-UNDERTAKER: Geo. H. Little ADDRESS: 531 N. Fremont Av

C91995

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

63 C91995

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 31 Chesterton ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Charles Emmons

(Residence in Baltimore: No. 31 Chesterton Ave St.; yrs. 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widow

6-DATE OF BIRTH: March (Month) 31 (Day), 1831 (Year)

7-AGE: 84 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner of Country Home

9-BIRTHPLACE (State or country): Stafford Co Va

PARENTS

10-NAME OF FATHER: Samuel Conrad

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Byerly

(Address) 1401 Edmondson Ave

15- Filed FEB 6 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to, Feb 5 1916, that I saw h[illegible] alive on Feb 5 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. P. Baer M. D.

2/5, 1916 [Address] 1955 W Franklin

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 1 mos 17 ds. In the State Md. ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Sykesville Md.

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Frd. Co. Md. DATE OF BURIAL: Feb 8 1916

20-UNDERTAKER: Geo R Weer ADDRESS: Sykesville Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 130

C91906

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2/1 Gen'l Hosp. St. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Louise Boyer

(Residence in Baltimore: No. Md Gen'l Hosp, St.; yrs., mos. 2 ds.)

MARGIN—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January (Month) ..... (Day), 1879. (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Canton

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. D. Magers

(Address) Maryland Gen'l Hospital

15- FEB 6 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Feb 5 1916, that I saw her alive on Feb 5 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

a. Pulmonal Tuberculosis-exhausting

b. Pri-Carcinoma Uteri

c. and Anemia

(Duration) yrs. mos. 3 hrs ds.

CONTRIBUTORY (Secondary) Pneumonia Black

(Duration) yrs. mos. 1 ds.

(Signed) C. W. Walker M. D.

Feb 5, 1916. (Address) Md Gen'l Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 251 E Market St York Pa

19-PLACE OF BURIAL OR REMOVAL, York Pa

DATE OF BURIAL, Feb 5, 191 6

20-UNDERTAKER Albert C Fuller

ADDRESS 221 N Beaux

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Ofsiwitz

(Residence in Baltimore: No. 315 S. Caroline St.; 20 yrs., ... mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, ... Unknown ..... 1 .....
(Month) (Day) (Year)

7-AGE, ... 24 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Wolf Kammerman

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Annie Muskovitch

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Ofsiwitz

(Address) 315 S. Caroline St.

15- ROBERT , KRAUTER,
Filed FEB 6 - 1916 1916 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1916, to February 4 1916, that I saw her alive on February 4 1916, and that death occurred, on the date stated above, at 12 55 m.

The CAUSE OF DEATH* was as follows:

..... Pregnancy .....

..... (Duration) ... yrs. 9 mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia, labor, Pneumonia

Hyperthyroidism (Duration) ... yrs. ... mos. 18 ds.

(Signed) Marcus Ostro ..... M. D.

February 4 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State 20 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 315 S. Caroline St.

Former or usual residence 315 S Caroline St

19-PLACE OF BURIAL OR REMOVAL, Pikesville Jewish Cem. DATE OF BURIAL, Feb 6, 1916

20-UNDERTAKER L. Levinson & Bro ADDRESS 1607 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

C31598 C31598

PLACE OF DEATH

CITY OF BALTIMORE (No. 1414 Mosher street, St. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Beverly,

(Residence in Baltimore: No. 1414 Mosher street, St. 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widowed,

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 51 ? yrs. ? mos. ? ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER: Abram Holmes,

11-BIRTHPLACE OF FATHER (State or Country): Virginia,

12-MAIDEN NAME OF MOTHER: Charlotte ? ?

13-BIRTHPLACE OF MOTHER (State or Country): Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Howard, daughter,

(Address) 1414 Mosher street,

15- Filed FEB 6 - 1916 191.. ROBERT . KRAUTHER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Cardiac myodegeneration,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frederick Kempf M. D.
(Coroner.)

Febr. 4th 191. 6 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Old Fellows Cem. Cat. | DATE OF BURIAL, Feb 6 1916

20-UNDERTAKER Geo. T. Chase Son | ADDRESS Woodberry

Spec.—8-24-14—M. & T.—2000 Bks.

James L. Butler.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C 91999

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Park Ave ST. 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lewis Butler

(Residence in Baltimore: No. 1137 Park ave St.; 15 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 4th, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer): Florist

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Butler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Snowden

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beauty Butler

(Address) 1137 Park ave

15- FEB 6 - 1916 ROBERT . ERAUTER, Burial Permit Clerk

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/4 191 6, to 2/4 191 6, that I saw h— alive on 2/4 191 6 and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis

4 hrs. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Neplritis Chronic

(Duration) 2 yrs. mos. ds.

(Signed) H. Lamy Ellis M. D.

Md, 191.. (Address) 712 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Bel Air Harford Co — DATE OF BURIAL, Feb 7, 1916

20-UNDERTAKER Daniel Easton — ADDRESS 1916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 2000 105 C 2000

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1410 Penna. Ave, St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Paul F. Carstens

(Residence in Baltimore: No. 1410 Penna Ave St.: 4 yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 1, 1[illegible]
(Month) (Day) (Year)

7 AGE: 4 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Under none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Lawrence W. Carstens

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Marie Carstens

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Carstens

(Address) 1410 Penna ave

15. Filed FEB 6 - 1916 191 ROBERT J. KRAUSER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 4, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1916, to Feb 4 1916
that I saw him alive on Feb 4, 1916,
and that death occurred, on the date stated above, at 6.30 P.M.
The CAUSE OF DEATH* was as follows:

Acute Indigestion
+ Convulsions

(Duration) ..... yrs. ..... mos. 6 hrs.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 hour

(Signed) Chas. H. Hubert M. D.

Feb 5, 1916 (Address) 11004 Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 6, 1916

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Pa ave

C92001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C92001

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1919 W. Baltimore ST. 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mary Coyne

(Residence in Baltimore: No. 1919 W. Baltimore St.: 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: August 7th, 1847 (Month) (Day) (Year)

7 AGE: 68 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Nevin

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Nevin.

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Coyne

(Address) 1919 W. Balto St.

15 FEB 6 - 1916 Filed 191

ROBERT J. KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1915, to. February 3rd, 1916, that I saw her alive on February 3rd, 1916, and that death occurred, on the date stated above, at 3:45 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm. Leonard Bode M. D.

February 5, 1916 (Address) 1900 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 7, 1916

20 UNDERTAKER: J. H. McCausland — ADDRESS: 614 N. Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92092 C92092

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Jefferson ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Besler

(Residence in Baltimore: No. 2605 Jefferson St.: 45 yrs., mos. ds.)

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—TYPEWRITING PREFERRED.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 28 (Day) 1846 (Year)

7-AGE, 69 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired miller 220
(b) General nature of industry, business, or establishment in which employed (or employer): Flour Mill

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Gustav Besler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Amelia Krauz.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A. Besler

(Address) 2605 Jefferson

15- FEB 6 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Feb 4 1916, that I saw h— alive on Feb 2 1916, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar - Pneumonia

(Duration) yrs. 7 ~~mos.~~ ds.

CONTRIBUTORY (Secondary) Ca Prostate

(Duration) yrs. mos. 10 ds.

(Signed) Daniel Bauer M. D.

Feb 5, 1916. (Address) 1256 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem. DATE OF BURIAL, Feby 6., 1916.

20-UNDERTAKER John Kenny & Co ADDRESS 2008 Aliceanna

C92003

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C92003

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Forrest St. ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Mc Garrity

(Residence in Baltimore: No. 1004 Forest St.

St.; 44 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: white | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December 30th, 1845 (Month) (Day) (Year)

7-AGE: 70 yrs. ... mos. 5 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work at home

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Owen Mc Garrity

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Kelly

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Owen Mc Garrity

(Address) 1004 Forrest St

15 FEB 6 - 1916 ROBERT . KRAUTER,
Filed ... 191- Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1915, to Feb 4, 1916, that I saw her alive on Feb 4, 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Emphysema + Bronchitis

(Duration) 16 yrs. ... mos. ... ds

Contributory (SECONDARY) Pneumonia Lobar

(Duration) 1 yrs. ... mos. 10 ds.

(Signed) James M Lawlor M. D.

Feb 6, 1916 (Address) 704 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: Feb. 7th, 1916

20-UNDERTAKER: John J Cavanaugh | ADDRESS: 901 Hollins St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92004

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92004

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Caroline ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Poole

(Residence in Baltimore: No. 225 N Caroline St.; 9 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Mar ~~Feb~~ 4, 1838. (Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. Kinnier

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah P. Bond.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward H. Poole

(Address) 225 N. Caroline St

15- FEB 6 - 1916 ROBERT , KRAUTHE.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Feb. 4 1916, that I saw h.. alive on Feb. 4 1916, and that death occurred, on the date stated above, at 5-6 m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. F. Linton M. D.

Feb. 6, 1916. (Address) 1711 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, FEB. 7 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO

ADDRESS 715 Light St

MARGIN IS RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92005 C92005

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 773 W. Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Meeks

(Residence in Baltimore: No. 773 W. Cross St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept. 24, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Samuel K. Shaw

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Fontz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Meeks

(Address) 773 W. Cross St.

15- FEB 6 - 1916 ROBERT , KRAUTER, Registrar.

Filed....., 191. Asst. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1916, to Feb. 5 1916, that I saw her alive on Feb. 4 1916, and that death occurred, on the date stated above, at 1 30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 1 ds.

(Signed) J. M. Livingston M. D.

Feb. 6, 1916. (Address) 826 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 8, 1916

20-UNDERTAKER Jos. Jordan & Son ADDRESS 217 S. Paca

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92006 C92006

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 942 Homestead ST.; 9 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Foulk

(Residence in Baltimore: No. 942 Homestead St.; 82 yrs., 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 22nd (Day), 1833 (Year)

7-AGE, 82 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Foulk

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Elizabeth D Shepherd

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth J Robinson

(Address) 1337 W Eden St

15-

Filed FEB 6 - 1916 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1916, to Feb 4 1916, that I saw h[er] alive on Feb 4 1916, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Pneumonia

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) Pulmonary Pneumonia

(Duration) ....yrs. ....mos. 24 ds.

(Signed) Chas E Faulkner M. D.

Feb 5, 1916 (Address) 3214 Greenmount Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	February 7th 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

MARGIN—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

052007 052007

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 E. Fairmount St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Farnoff

(Residence in Baltimore: No. 1926 E. Fairmount Ave St.; 6/6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. April 17, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lumber Supply House

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Wm Farnoff

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Haddaway

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Farnoff

(Address) 1926 E Fairmount Ave

15- ROBERT J. KRAUTER
Filed FEB 6 - 1916, 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 4, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 6, to Feb 4 191 6, that I saw h im alive on Feb 4 191 6, and that death occurred, on the date stated above, at 12.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Intestinal
Tuberculosis
..... (Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY. Pulmonary & Intestinal
(Secondary)
Tuberculosis (Duration) ...yrs. 6 mos. ...ds.

(Signed) Geo Keller M. D.

2-5, 191.. (Address) 1937 Fonda St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feb 7, 1916
20-UNDERTAKER	ADDRESS
H. Sandow Sons	1710 Pitts

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92008 92 C92008

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 E Chase ST.; 10 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Thaler

(Residence in Baltimore: No. 1422 E. Chase St.; 46 yrs., 5 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 12 (Day) 1869 (Year)

7-AGE, 46 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John M. Hartel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Sporrer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. George J. Thaler

(Address) 1422 E. Chase St.

15- ROBERT P. KRAUSER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

FEB 6 - 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Jan 21 1916, to Feb 5 1916, that I saw h[illegible] alive on Feb 5 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Central)

2 days

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart Fatty Degen

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. L. Riley M. D.

Feb 6, 1916. (Address) 1633 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb. 8, 1916.

20-UNDERTAKER Henry Houck & Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

84

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Harford Ave ST.; 10 WARD)

2-FULL NAME William G. Sommer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1130 Harford Ave St.; 60 yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1833 (Year)

7-AGE, 82 yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 471
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe maker Own Shop

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Mary Rose Trageser

(Address) 113 E. Stayford Ave

15- ROBERT , KRAUTER, Burial Permit Clerk

Filed....., 191.....

FEB 6 - 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~January~~ February (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1916, to Feb. 4, 1916, that I saw h~~im~~ alive on Feb. 2, 1916, and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration).....yrs.....mos. 3 5 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Edwin B. Fenby M. D.

Feb. 5, 1916. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Feb. 7, 1916

20-UNDERTAKER Henry Koeck & Son — ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C52010 10 C52010

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Somerset ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Emma Rossfelt

(Residence in Baltimore: No. 937 Somerset St.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 7 (Day) 1915 (Year)

7-AGE, ...yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George C. Rossfelt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ema Kuelgman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Rossfelt

(Address) 937 Somerset St

15- FEB 6 - 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Feb 5 1916, that I saw h[illegible] alive on Feb 4 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ....yrs. ....mos. 21 ds.

(Signed) F. W. Wrampe M. D.

2/5, 1916. (Address) 714 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Feb. 7., 1916.

20-UNDERTAKER Henry Hoeck & Son — ADDRESS 1301 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92011 — 10 — 192011

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 216 Lindenave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Elizabeth Martin

(Residence in Baltimore: No. always private life 132 E Pratt St; ..... yrs. Life mos. ..... ds.)
For marriage see original record in Ancestor

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	single

6-DATE OF BIRTH, 20th Dec, 1 (Month) (Day) (Year)

7-AGE, about 76 or 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 132 E Pratt St Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Dr Samuel Blair Martin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Ruth Dorsey Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 132 E Pratt St

15. Filed FEB 6 - 1916 ROBERT , KRAUTHER Registrar. Burial Permit 64-91

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Feb 4th 1916, that I saw h.. alive on Feb 1st 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Grippe — pneumonia
general arterio sclerosis
Pneumonia
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)
Influenza (Duration) .....yrs.....mos.....ds.

(Signed) R B Wampler M. D.
Feb 5th, 1916 (Address) 845 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feby 6, 1916

20-UNDERTAKER Henry H. Jenkins Sons Co — ADDRESS Orchard Ste

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C2012

CERTIFICATE OF DEATH.

53 C2012

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Ramsay St.; WARD) 19

2-FULL NAME Arthur Negofatih Garrity

(Residence in Baltimore: No 1329 Ramsay St.;) yrs. 3 mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 18th, 1899. (Month) (Day) (Year)

7-AGE, 16 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy Stripper
(b) General nature of industry, business, or establishment in which employed (or employer): Candy Factory

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, John Garrity

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER, Elizabeth Hill

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Brown

(Address) 1329 Ramsay St

15- Filed FEB 6 - 1916 ROBERT KRAUTER, Burial Permit 0196 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb. 5 1916, that I saw h m alive on Feb. 4 1916, and that death occurred, on the date stated above, at 10.05 m.

The CAUSE OF DEATH* was as follows:

Pseudo-Leukemia (Stodgkin's disease)

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

Feb. 5, 1916 (Address) 1837 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER Wm Cook. ADDRESS 502 Northern

MARGIN—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—THE CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92013 C92013

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Curley ST.; 6 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Dingle

(Residence in Baltimore: No. 19 N. Curley St.; 2 yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 4, 1913. (Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James A. Dingle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Levin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Dingle

(Address) 19 N. Curley St

15- ROBERT GRATTER, Burial Permit Clerk.

Filed FEB 6 - 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. 5, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 2 1916, to Feby 5 1916, that I saw h.im alive on Feby 5 1916, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Measles and
Bronchial Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Eisenhart M. D.

Feby 5, 1916. (Address) 2201 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	Feb. 6., 1916
20-UNDERTAKER William Cook	ADDRESS 502 E Worth av

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92014 C92014

CERTIFICATE OF DEATH.

15 114

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Warwick Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Almira Wildermann

(Residence in Baltimore: No. 1825 Warwick ave St.; 70 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Oct (Month) 24 (Day), 1845 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard Lees

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Wills = Ann. Barlow

13-BIRTHPLACE OF MOTHER (State or Country), Devonshire England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Duvall

(Address) 2437 W. North ave

15- NOBERT . KRAUTER, Registrar.

Filed FEB 6 1916 191.... Burial Permit Issued 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8th 1916, to Feb 5th 1916, that I saw her alive on Feb 4th 1916, and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Duodenitis

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Wm A. Duvall M. D.

Feb 5, 1916 (Address) 2437 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery | DATE OF BURIAL, FEB 7, 1916

20-UNDERTAKER Wm Cook | ADDRESS 502 E North ave

MARGIN MUST BE LEFT FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C32015

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 518 N. Montford ave ST. 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Miller

(Residence in Baltimore: No. 518 N. Montford ave St.; ~~yrs.~~ 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, July 1, 1908.
(Month) (Day) (Year)

7-AGE, ~~yrs.~~ 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank P. Miller

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Lillie Deasel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank P. Miller

(Address) 518 N. Montford ave

15- FEB 6 - 1916 ROBERT KRAUTER, Burial Permit Clerk.
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. W. Jones (Coroner.) M. D.

Feby 4, 1916 (Address) 316 Donnell Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb. 7th, 1916
20-UNDERTAKER	ADDRESS
Wendell Diffpel Son	330 S. Bond St.

MARGIN—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N Gilmor ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Butler

(Residence in Baltimore: No. 401 N Gilmor St.; 7 yrs. ..... mos. ..... ds.)

MARGIN RESERVED—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feby ..... (Month) ..... (Day) 1873 (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 43
(b) General nature of industry, business, or establishment in which employed (or employer) Gennals

9-BIRTHPLACE, (State or Country). Georgia

PARENTS.

10-NAME OF FATHER, Aaron Butler

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Butler

(Address) 401 N. Gilmor

15- Filed FEB 6 - 1916 NORBERT . KRAUTER, Registrar. Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Feby 4 1916, that I saw h[illegible] alive on Feby 3 1916, and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) F.C. Ferguson M. D.

Feb 6, 1916 (Address) 1230 S. Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb. 6, 1916

20-UNDERTAKER Geo. H. Holland — ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92017 C92017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Plymouth Road St. 14 1st.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Waterman

(Residence in Baltimore: No. 1 E. Cor Madison Ave & Mulberry St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 27, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 4 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Jos. A. Brazer

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Isabelle Hyman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. Waterman

(Address) Mt. Airy Md

15- ROBERT . KRAUTER, Filed FEB 6 1916 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Feb 4 1916, that I saw her alive on Feb 4 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. 1 mos. 6 ds.

(Signed) Harry Adler M. D.

Feb 5, 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cy — DATE OF BURIAL, Feb 7, 191 6

20-UNDERTAKER Harry Sondheim — ADDRESS 118 W Mulberry St

MARGIN MUST NOT BE WRITTEN OR PRINTED BELOW THIS LINE.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92018 — 79 — C92018

1-PLACE OF DEATH 826 N Mount St.

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 826 N. Mount St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Bertha Neumann

(Residence in Baltimore: No. 826 N Mount St.; 45 yrs.. ..mos.. ..ds.)

CAUSE OF DEATH must be stated plainly. AGE should be stated EXACTLY. PHYSICIANS are requested to have this information carefully supplied. Many certificates may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 17, 1870
(Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. 25 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isaac Reinach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Teresa Heim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fraser Neumann

(Address) 826 N Mount St

15- FEB 6 - 1916 ROBERT . KRAUTER, Filed....., 191.... Registrar. Vital Record Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 2nd 1916, to Feb 6th 1916, that I saw her alive on Feb 6th 1916, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. 1-2 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

..... (Duration) Not known yrs. ....mos. ....ds.

(Signed) Wm Deaver M. D.

Feb 6th, 191.6. (Address) 1122 N. Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 826 N Mount St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	Feb 8, 1916
20-UNDERTAKER	**ADDRESS**
David Lendheim	[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92019 C92019

CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Albemarle ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Baby Tinnocchi

(Residence in Baltimore: No. 322 Albemarle St.; ... yrs., ... mos., ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, Feb. (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emilio Tinocchi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Anna Annarella

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tannerella

(Address) 322 Albemarle

15- FEB 6 - 1916 Filed ..., 191... ROBERT . KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Feb 5 1916, that I saw h[illegible] alive on Feb 5 1916, and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

of 8 mos. gestation

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Pertels Hemorrhage

Lues (Duration) ... yrs. ... mos. ... da.

(Signed) Jos. L. Kilpatrick M. D.

Feb. 6, 1916. (Address) 16 S. Adams

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, St. Vincents

DATE OF BURIAL, Feb. 6..., 1916.

20-UNDERTAKER Wendell Lippold & Son

ADDRESS 330 S. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92020 — 28 — C92020

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bredin Eg Lehmann Sanitarium ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Flannery

Residence in Baltimore: No. 2613 E Monument St. St.; 56 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Jan. ....., 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie V. Flannery

(Address) 2613 E Monument St

15- FEB 6 - 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 2 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to Feb 2 1916, that I saw h Cr alive on Feb 2 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Ulcer 2nd Carcinoma Oral Cavity

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. L. Everhart M. D.

1/5/16, 191... (Address) 100 E 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. 8 ds.

Where was disease contracted, if not at place of death? 2613 E Monument

Former or usual residence 2818 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb. 7, 1916

20-UNDERTAKER John A Smart — ADDRESS Bank & Conkling

Spec.—5-19-13—M. & T.—500 Bks.

C92021

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92021

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1101 N Eutaw ST.; 11 WARD)
2-FULL NAME Jennie Hart.
(Residence in Baltimore: No. 1101 N Eutaw St.; 3 yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) widow

6-DATE OF BIRTH, May (Month) 11 (Day), 1852 (Year)

7-AGE, 63 yrs. 8 mos. 27 ds.
If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Harrison W. Southwick

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Marguerite Evans

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elmer J. Hart
(Address) 1101 N. Eutaw St.

15-
Filed FEB 6 - 1916, 191... ROBERT J. KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1915, to July 6 1916, that I saw her alive on July 6 1916, and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas of face

(Duration) yrs. mos. 4 ds.

(Signed) M. Allen Starr, M. D.

(Address) 1504 Madison Ave

Feby 6, 1916.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Homer N. Y. DATE OF BURIAL, Feby 8 1916

20-UNDERTAKER E. W. Mitchell & Co ADDRESS 1201 W. Fayette St

C92022

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

H2 92022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~[illegible]~~ 830 Sterling St.; 10 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Chase

(Residence in Baltimore: No. 830 Sterling St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

6-DATE OF BIRTH: 2 (Month) 4 (Day) 1866 (Year)

7-AGE: 50 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Geo. Taylor

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Taylor

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sal. Chase

(Address) 830 Sterling St.

15 FEB 6 - 1916 Filed ..., 191.. ROBERT ... KRAUTHER Burial Permit ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) — 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1913, to Feb. 4 1916, that I saw her alive on Jan 15 1916, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Cancer Diagnosed

Cancer of Uterus

(Duration) ... yrs 5 mos. ... ds.

Contributory (SECONDARY) —

(Duration) ... yrs ... mos. ... ds.

(Signed) J. E. Burnback M. D.

2-7 1916 [Address) 1202 E. Monument

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion

DATE OF BURIAL: Feb 7, 1916

20-UNDERTAKER: John H Owens

ADDRESS: 1212 Druid

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92023 — 79 — C92023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N 25th St. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Buchman

(Residence in Baltimore: No. 130 N 25th St. St.: 10 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. March 15, 1847. (Month) (Day) (Year)

7-AGE. 69 yrs. 10 mos. 20 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Jacob Wikut

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Sharrer

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. A. Buchman

(Address) 2 E 26 St

15- FEB 6 - 1916 ROBERT J. KRAUTER
Filed..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb. 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18 1916, to Feb. 4 1916, that I saw h[illegible] alive on Feb. 3 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: (a) Chronic Nephritis (b) Uremia Contributory Senile Mental Impairment

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. Edmunds M. D.

Feb. 4, 191.. (Address) 711 N. Mar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hampstead Md.	Feb. 7, 1916.
20-UNDERTAKER	ADDRESS
Wm Routson	230 N Green

C92024

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C 92 C92024

CITY OF BALTIMORE (No. 1036 W Lexington St. 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Eckert

(Residence in Baltimore: No. 1036 W. Lexington St.; yrs. 2 mos. 28 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): None

6-DATE OF BIRTH: Nov (Month) 8 (Day), 1913 (Year)

7-AGE: yrs. 2 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Md

PARENTS

10-NAME OF FATHER: James Eckert

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Eckert

(Address) 1036 W. Lexington St

FEB 7 - 1916 Filed, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to 5 1916, that I saw h— alive on Feb 5, 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C. H. Fowler M. D.

Feb 6, 1916 (Address) 712 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn. | DATE OF BURIAL: Feb 7 1916

20-UNDERTAKER: Hilbert Brown | ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

C32025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

C32025

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Byrd.

(Residence in Baltimore: No. 257 N. Bruce St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Feb. (Month) (Day), 1905 (Year)

7-AGE, 11 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Albert Byrd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie L Joanes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie L. Joanes

(Address) 253 N. Bruce St.

15- FEB 7 - 1916 HARRY O ANDREWS,
Filed ....., 19.. Vital Record Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 28 1916, to Feb. 5th 1916, that I saw her alive on Feb. 5th 1916, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis

Meningitis (Duration) yrs. mos. 10 ds.

(Signed) Frank E Stapleton M. D.

Feb. 5, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 257 N Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. | DATE OF BURIAL, Feb 7, 1916

20-UNDERTAKER Alfred J Garland | ADDRESS 1114 N Schroeder St

N.B.—Every item of information should be given if possible. AGE should be GIVEN EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92026 C92026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Etherwood Lane ST.; 9 WARD) REGISTERED NO. C

2-FULL NAME Elizabeth J Hendricks

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 633 Etherwood Lane St.: Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 14th, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick J. Hendricks

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Hirschberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude J. Hendricks

(Address) 633 Etherwood Lane

15- Filed FEB 1916, 191. HARRY O ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 4th, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb-4 1916, to Feb-4 1916, that I saw h[illegible] alive on Feb-4 1916, and that death occurred, on the date stated above, at 0 1. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hypostasis

(Duration) yrs. mos. ds.

(Signed) Emil J. Pillsbury M. D.

Feb 5, 1916 (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, Feb 7th, 191.6

20-UNDERTAKER Jos. Mc Jennett ADDRESS 847 W Fayette St

N. B.—Every item of information must be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92027

HEALTH DEPARTMENT--CITY OF BALTIMORE 42

C92027

CERTIFICATE OF DEATH

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2038 Elsworth ave ST. 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Barbara Gerhard

Residence in Baltimore: No. 2038 Elsworth ave

St.: 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept 9, 1833 (Month) (Day) (Year)

7-AGE: 82 yrs. 4 mos. 2 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacot L. Fitz

(Address) 2038 Ellsworth ave

FEB 7 - 1916 Filed ..., 191

HARRY O. ARLDRAS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 4th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 22, 1915, to January 4 1916, that I saw h-er alive on January 4 1916, and that death occurred, on the date stated above, at 11 55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Clinical Diagnosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Septic Infection

(Duration) yrs. mos. ds.

(Signed) Thomas L Timms M. D.

January 5, 1916 (Address) 1026 N Wolfe st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Feb 7th 1916

20-UNDERTAKER: E Schloman & Son — ADDRESS: 1039 Hanover st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92028

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

C92028

1-PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 1609 Cole St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine T Mesler

(Residence in Baltimore: No. 1609 Cole St.; ....yrs. ....mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 6 (Day), 1916 (Year)

7-AGE: ....yrs. ....mos. ....ds. If LESS than 1 day, 6 hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Wm A Mesler

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Zeitvogel

13-BIRTHPLACE OF MOTHER (State or country): Hungarian Empire

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. A. Mesler

(Address) 1609 Cole St.

FEB 7 - 1916

Filed ....., 191.. HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1916, to, Feb 6 1916, that I saw her alive on Feb 6 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cyanosis Neonatorum
6 hours
(Duration) ....yrs ....mos. ....ds.

Contributory (SECONDARY)
(Duration) ....yrs ....mos. ....ds.

(Signed) Joseph E. Muse M. D.

Feb 6, 1916 [Address] 1520 Bolton St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 7, 1916

20-UNDERTAKER: Harry S Witzke — ADDRESS: 152 W Lombard St

Spec.—8-24-14—M. & T.—2000 Bks.

C92029

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD) REGISTERED NO. C 109

2-FULL NAME Samuel Brock

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 121 N. Exeter st St.: 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huckster 55
(b) General nature of industry, business, or establishment in which employed (or employer) Wagon

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1419 E. Balt st

15- FEB 7 - 1916

Filed ....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb ..... (Month) 6 ..., 1916 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/31 1916, to 2/6 1916, that I saw h[im] alive on Feb 6 1916, and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) William J. May M. D.

2/6/ ....., 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 121 N. Exeter St

Former or usual residence 121 N. Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 2/7, 1916

20-UNDERTAKER Jock Lewis

ADDRESS 1419 E Balt

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92030 C92030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 W. Fayette St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick P. Dillon

(Residence in Baltimore: No. 945 W. Fayette St.: ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1866 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman 50
(b) General nature of industry, business, or establishment in which employed (or employer)..... Coal & Oyster Packing Boat

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry F. Dillon

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Billmire

(Address) 945 W. Fayette St

15-

Filed FEB 7 - 1916 191.....

HARRY O. ANDREWS, Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 5th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19th 1915, to Feb 4th 1916, that I saw him alive on ..... 191 6, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

.....

Exhaustion

Operation Some ago

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Intestinal Cancer

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Jacob L. Silverman M. D.

2-6-, 1916 (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge | DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER George A. Little | ADDRESS 531 N. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C92031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Jakubowska

(Residence in Baltimore: No. 306 S Bond St.; yrs. 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 9 (Day) 1915 (Year)

7-AGE, yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Servant

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Peter Jakubowski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Antonina Wolska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonina Jakubowska

(Address) 306 S. Bond.

15- Filed FEB 7 - 1916, 191... HARRY O. ANDERSON Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1916, to Feb 6th 1916, that I saw her alive on Feb. 5th 1916, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A T Nies M. D.

Feb 6, 1916 (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Feb. 7, 1916
20-UNDERTAKER. William Fialkowski	ADDRESS 1618 Eastern Av.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092032 28 092032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Durham ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Grabinski

(Residence in Baltimore: No. 503 S Durham St.; 5 yrs., — mos., — ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH, Dec Not Known (Month) (Day) (Year) 1889

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Ludwill Grabinski

11-BIRTHPLACE OF FATHER (State or Country), Russian-Poland

12-MAIDEN NAME OF MOTHER Amiela Gronczewska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Amela Grabinska

(Address) 503 S. Durham

15- FEB 7 - 1916 HARRY O. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6 (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 25 1916, to Febry 6 1916, that I saw h m alive on Febr. 6 1916, and that death occurred, on the date stated above, at 10.40 m.

The CAUSE OF DEATH* was as follows:

Acute miliary Pulmonary tuberculosis

(Duration)....yrs....mos. 2 wks ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) W. Januszewski M. D.

Feb. 6, 191 6 (Address) 2431 Fairfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb. 7, 191 6

20-UNDERTAKER Williams Lidzinski

ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92033 74 C92033

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pulpus M Gibbs

(Residence in Baltimore: No. 1209 St Paul St St.; 2 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, December (Month) 1st (Day) 1872. (Year)

7-AGE, 44 yrs. ..... mos. 2 ds. 5 — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): Brush Packers

9-BIRTHPLACE, (State or Country), Louisianna

PARENTS.

10-NAME OF FATHER, John S Gibbs

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Macqueen

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 7 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 3 1916, to February 5 1916, that I saw him alive on February 5 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lungs / Abscess

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Cerebral tumor

..... (Duration) 2? yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb. 5, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1209 St Paul St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL. 2—7—, 1916

20-UNDERTAKER Henry W Jenkins Son Co — ADDRESS Orchard & Mc Culloh

C92034

HEALTH DEPARTMENT--CITY OF BALTIMORE

92 C92034

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 123 Parkin St.: 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Frederick Peter

(Residence in Baltimore: No. 123 Parkin St.: ..... yrs. ..... mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word)

6-DATE OF BIRTH: Dec. 15, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 3 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Grocer 65
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Maryland

PARENTS

10-NAME OF FATHER: John Adam Peter

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary E. Conrad (Conrad)

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Peter

(Address) 123 Parkin

15. Filed FEB 7 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby. 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby. 1, 1916 to, Feby. 6, 1916, that I saw h[illegible] alive on Feby. 6, 1916 and that death occurred, on the date stated above, at 8 P. m. The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) 2 yrs. 0 mos. 4 ds

Contributory (SECONDARY) Cardiac Dysfunction

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. A. Herman M. D.

2/7, 191 6 (Address) 1606 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb. 8, 1916

20-UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Edmondson Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PREPARED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

C92035

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92035

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew W. Bogden

(Residence in Baltimore: No. 606 E. Bond St.; ....yrs. 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 4 (Month), (Day) 1913. (Year)

7-AGE, ...yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George A. Bogden

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mollie R. Bertrick

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A. Bogden

(Address) 606 E. Bond St.

15- FEB 7 - 1916

Filed....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to February 5 1916, that I saw him alive on Feb 5 1916, and that death occurred, on the date stated above, at 7 20 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert J. Webster M. D.

Feb 6, 191.6 (Address) Oneida P.O. md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 7, 191.6
20-UNDERTAKER	ADDRESS
Lilly & Jules	403 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92036

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92036

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 N Vincent St. 16 Ward) 79 REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Green

(Residence in Baltimore: No. 1024 N. Vincent St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Widower

6-DATE OF BIRTH Unknown (Month) 1 (Day) (Year)

7-AGE 34 (?) yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Driver 622
(b) General nature of industry, business, or establishment in which employed (or employer) Drug wagon

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER William Green

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Davey

(Address) 1522 Mount St

15- FEB 7 - 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to Feb 6 1916, that I saw h.. alive on Feb 5 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), C. P. Dailey M. D.

2/6/16, 191 [Address] 1950 Woodbr

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Olivet | DATE OF BURIAL Feb. 7, 1916

20-UNDERTAKER P. L. Parham | ADDRESS 880 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

C92037 HEALTH DEPARTMENT—CITY OF BALTIMORE C92037

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 Paca ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hatch.

(Residence in Baltimore: No. 3041 Paca. St.; —yrs., —mos. —ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Nov 1 .....
(Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Keeps House
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Peter Whillinghus

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Michaels

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. F. Hatch

(Address) 304 S. Paca Street

FEB 7 - 1916

Filed ....., 191.... HARRY O. ANDREWS, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 5th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21st 1916, to Feb 5th 1916, that I saw her alive on Feb 5th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

..... La Grippe & Chronic Bronchitis .....

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Wm. H. Douglass ..... M. D.

Feb 5th, 1916. (Address) 425 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Waterbury Md.	Feb 7, 1916
20-UNDERTAKER	ADDRESS
R. T. Williams Son	Waterbury Md

Spec.—5-19-13—M. & T.—500 Bks.

C92038 HEALTH DEPARTMENT—CITY OF BALTIMORE C92038

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Wilkins Ave St. 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Chaney

(Residence in Baltimore: No. 1819 Wilkins Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 9 (Day), 1857 (Year)

7-AGE, 58 yrs. 1 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Barney Chaney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Chaney

(Address) 1819 Wilkens Ave

15-

Filed FEB 7 1916 191 BURIAL PERMIT GIVEN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Feb. 5 1916, that I saw him alive on Feb. 5 1916, and that death occurred, on the date stated above, at 11.57 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) E. McInnis M. D.

Feb 6, 1916 (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Feb. 9, 1916
20-UNDERTAKER Jos. B. Cook	ADDRESS 1003 Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92039

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C92039

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2755 Mosher ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara L. Saunders

(Residence in Baltimore: No. 2755 Mosher St.: 25 yrs. 0 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH May 18, 1890 (Month) (Day) (Year)

7-AGE 25 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 2 years

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Joseph T. Saunders

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Sarah R Saunders

13-BIRTHPLACE OF MOTHER (State or country): Queen Ann Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sarah T. Saunders

(Address) 2755 Mosher St.

15 FEB 7 - 1916 (Date) ....., 191.

HARRY O ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany. 22, 1916, to Feb 5 1916, that I saw h.. alive on Feb 5 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) 2 yrs. 1 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) 1 yrs. mos. 4 ds.

(Signed) R. BLAKE M. D.

FEB 7 1916 (Address) 637 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb. 8 1916

20-UNDERTAKER: Jos B Cook ADDRESS: 1003 Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RESERVED FOR BINDING

C92040

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C92040

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1925 W Lombard ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Jacob Hiller.

(Residence in Baltimore: No. 1925 W. Lombard ST. 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: May (Month) 29, (Day) 1844 (Year)

7 AGE: 71 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lena Lenhoff

(Address) 1925 W Lombard St

15 Filed FEB 7 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1915, to, Feb 3 1916,
that I saw h.. alive on Feb 3, 1916,
and that death occurred, on the date stated above, at 5.15 pm.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Laryngeal "
(Duration) ... yrs. 6 mos. ... ds

Contributory (SECONDARY) Exhaustion
(Duration) ... yrs. 3 mos. ... ds.

(Signed) E. Hiller Hemming M. D.
Feb 4, 1916 (Address) 200 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Feb 6, 1916

20 UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CUT ALONG THIS LINE BEFORE FOLDING FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

C92041 HEALTH DEPARTMENT—CITY OF BALTIMORE C92041

66

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Fontaine

(Residence in Baltimore: No. 916 N. Fulton Ave St.; 40 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 1 (Day), 1860 (Year)

7-AGE, 55 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housedutues
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Newbern N. C.

PARENTS.

10-NAME OF FATHER, John C. Roberson

11-BIRTHPLACE OF FATHER (State or Country), Glasgow Scotland

12-MAIDEN NAME OF MOTHER Elizabeth N. Brinson

13-BIRTHPLACE OF MOTHER (State or Country), Newbern N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. D. Fontaine

(Address) 916 N. Fulton Ave.

15-

Filed FEB 7 - 1916 HARRY O ARLEDGE Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb 4 1916, that I saw h[illegible] alive on Feb 4 1916, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Elevated Blood Pres.

(Duration) ... yrs. ... mos. ... ds.

(Signed) Ernest H Kahn M. D.

Feb 4, 1916 (Address) Woodlawn Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Feb 7, 1916

20-UNDERTAKER Jos. Cook

ADDRESS 1003 W Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C92042

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92042

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Calhoun St.; WARD) 19

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Townsend

(Residence in Baltimore: No. 107 S. Calhoun St.)

St.: 5 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1852 (Year)

7-AGE, 64 yrs. 22 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). St Michaels Md

PARENTS.

10-NAME OF FATHER. Benj F. Porter

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary A. Bending

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Townsend

(Address) 107 S. Calhoun St

15- FEB 7 - 1916 Filed 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb 6 1916, that I saw h[er] alive on Feb 6 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Arthritis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia

(Duration) 3 yrs. mos. ds.

(Signed) J. M. Wilson M. D.

Feb 7, 1916. (Address) 1735 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md — DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER Jos B Cook — ADDRESS 1003 W Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C92043

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Potomac ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Louis E. Haase

(Residence in Baltimore: No. 31 N. Potomac St.; 50 yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, November 12, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 24 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper 27?
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvin Haase

(Address) 204 N. Kenwood Ave

15- FEB 7 - 1916 HARRY O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5/16, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1915, to Feb 5 1916, that I saw him alive on Feb 5 191, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Epidermoidary Carcinoma of Stomach

Tuberculosis

(Duration) ...yrs. 9 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Adam Wood M. D.

....., 191... (Address) 4129 S Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lincoln Cemetery	Feb 8, 191..
20-UNDERTAKER	ADDRESS
Christian Miller	2139 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92044

CERTIFICATE OF DEATH.

74 C92044

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Armstrong

(Residence in Baltimore: No. 948 E. Chester St St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 11 (Month), (Day), 1912 (Year)

7-AGE, 3 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Upton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 7 - 1916 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 3 1914, to February 5 1916, that I saw h in alive on February 5 1916, and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Diffuse Cerebral Sclerosis (Duration) 1 yrs. 7 mos. ....ds.

(Signed) G. T. Vaughn M. D.

Feb. 5, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 2 ds. In the State 3 yrs. 11 mos. 25 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 948 Chester St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 7, 1916
20-UNDERTAKER Christian Miller	ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C92045

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92045

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Johnson.

(Residence in Baltimore: No. University Hospital St.; 6 yrs., 0 mos. 0 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 1 (Month) 19 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 16 ds.

If LESS than 1 day, 3 hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), City Maryland

PARENTS.

10-NAME OF FATHER, Robert Johnson

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Ethel Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 7 - 1916, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 19 1916, to 2 4 1916, that I saw h... alive on 2 4 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. E. Sima M. D.

2-4-, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	Feb. 3, 1916.
20-UNDERTAKER Commissioner Health.	ADDRESS

Cremated

Spec.—8-24-14—M. & T.—2000 Bks.

C92046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

C92046

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Mitchell.

(Residence in Baltimore: No. University Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) 2 (Day) 1, 1916 (Year)

7-AGE, 0 yrs. 0 mos. 14 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), City Maryland.

PARENTS.

10-NAME OF FATHER, Lelonia Hughes.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md

12-MAIDEN NAME OF MOTHER Josephine Mitchell

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed FEB 7 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 2 (Day) 4, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-21-1916, to 2-4-1916, that I saw him dead alive on 2-4-1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Cerebral Syphilis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Sims M. D.

2-5-, 191 6 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER Commissioner Health.

ADDRESS 6 Emmett

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92047

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92047

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 St Paul ST.: 7th (WARD) (4th Precinct)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Smith

(Residence in Baltimore: No. 909 McDonough St.: 62 yrs., unk mos. unk ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, unk (Month) unk (Day), 18.54 (Year)

7-AGE, 62 yrs. unk mos. unk ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Elbon Harmon

11-BIRTHPLACE OF FATHER (State or Country), Snow Hill, Md.

12-MAIDEN NAME OF MOTHER Susan Harmon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rachel Smackum

(Address) Hancocks New Jersey ~~same~~

15-

Filed FEB 7 - 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to ~~the date of death~~ Somewhere after death 191..., that I saw her alive on Feb 4 1916, and that death occurred, on ~~the date stated above~~ Feb 5, 1916, at 1.30 p m.

The CAUSE OF DEATH* was as follows: Pulmonary Congestion

(Duration) 0 yrs. 0 mos. 9 hrs ~~ds~~.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 0 yrs. 0 mos. 11 hrs ds.

(Signed) Wm A Boyd M.D. M. D.

Feb 5, 1916 (Address) 914 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loanel Cemetery — DATE OF BURIAL, Feb. 7, 1916

20-UNDERTAKER Orval G Bailey — ADDRESS 721 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92048 C92048

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fischer

(Residence in Baltimore: No. 911 Somerset St St.: ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 3, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Fischer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Irene Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 7 - 1916 HARRY O. ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Feb 4 1916, that I saw h[illegible] alive on Feb 3 1916, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Premature Labor

.....

.....

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

2/4, 1916. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 911 Somerset St

19-PLACE OF BURIAL OR REMOVAL, St Josephs Hospital — DATE OF BURIAL, Feb 5, 1916

20-UNDERTAKER — ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

C92049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92049

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2201 Hunter alley St. 12 WARD)

2—FULL NAME Catherine Faulkner

(Residence in Baltimore: No. 2201 Hunter alley St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Infant

6-DATE OF BIRTH: Dec 2, 1915
(Month) (Day) (Year)

7-AGE: .....yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) 2201 Hunter alley

PARENTS.

10-NAME OF FATHER. Chas Faulkner

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Glendora Spriggs

13-BIRTHPLACE OF MOTHER (State or Country), Montgomery Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Faulkner

(Address) 2201 Hunter alley

15- Filed FEB 7 - 1916 HARRY G. ARCHER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobular)

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Harry C. Myers M. D.
(Coroner.)

Feb 5, 1916 (Address) 3640 Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lawsal Cemitary

DATE OF BURIAL, Feb 7, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East Pr

Spec.—8-24-14—M. & T.—2000 Bks.

C92050 C92059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Hargrove alley ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Champ.

(Residence in Baltimore: No. 503 Hargrove alley St.; 18 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 4th, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 11 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen. Work
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Loudon Co Va

PARENTS.

10-NAME OF FATHER, Luth Champ.

11-BIRTHPLACE OF FATHER (State or Country), Loudon Co Va

12-MAIDEN NAME OF MOTHER Amy M. Berryman

13-BIRTHPLACE OF MOTHER (State or Country), Loudon Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amy M. Champ.

(Address) 503 Hargrove Alley

15-

Filed FEB 7 - 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28th 1915, to Feby 5th 1916, that I saw her alive on Feby 4th 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Pulmonary Tuberculosis (Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis & Cardiac

Nephritis (Duration) — yrs. 3 mos. — ds.

(Signed) Edward E. Mackenzie M. D.

....., 191.. (Address) 1329 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Saint-Peters Cem — DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER Robert A Elliott — ADDRESS 506 East Pl

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92051

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92051

CERTIFICATE OF DEATH

1 PLACE OF DEATH — CITY OF BALTIMORE: (No. Ayrdale Ave. and Forest Park Ave., Forest Park St. 15 28 WARD) — REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth F. Talley

(Residence in Baltimore: No. Ayrdale and Forest Park Aves. St.; 25 yrs. ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: October 19, 1860 / (Month) (Day) (Year)

7-AGE: 55 yrs. 3 mos. 4 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Garrett McKernan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Fagan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bernard L. Talley

(Address) Ayrdale & Forest Park Aves

15- Filed FEB 7 - 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk

(over) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 23d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12, 1916, to, Jan 23d 1916, that I saw her alive on Jan 23d 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Paramelupneumonia Influenza Acute —

(Duration) ... yrs ... mos. 10 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) dont know yrs ... mos. ... ds.

(Signed) A. C. Dennis M. D.

1/24 1916 [Address] 4c - Forest Park

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/26/16 191....
20-UNDERTAKER	ADDRESS
Henry W. Maus & Son	605 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92052

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92052

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Morton ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman L Burton

(Residence in Baltimore: No. 1712 Morton St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... infant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wally L Burton

11-BIRTHPLACE OF FATHER (State or Country), Haven Co Va

12-MAIDEN NAME OF MOTHER Annie Lightman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie L Burton

(Address) 1712 Morton St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1916, to July 5 1916, that I saw h[illegible] alive on July 5 1916, and that death occurred, on the date stated above, at 11.30 pm.

The CAUSE OF DEATH* was as follows:

Premature Birth

only 1st month Foetus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O H E Campbell M. D.

July 7, 1916 (Address) 1109 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 7, 1916

20-UNDERTAKER Edward Stanley

ADDRESS 515 N Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92053

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92053

CERTIFICATE OF DEATH.

14 × 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hsp. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Clara Brown

(Residence in Baltimore: No. 1418 Eutaw Place St.; ....yrs., ...mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 31st, 1847
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 7 mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher ??
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Cuttenango N.Y.

PARENTS.

10-NAME OF FATHER, Timothy S. Brown.

11-BIRTHPLACE OF FATHER (State or Country), Cuttenango N.Y.

12-MAIDEN NAME OF MOTHER Jane A. Hazeltine

13-BIRTHPLACE OF MOTHER (State or Country), Cuttenango N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. E. Caverly

(Address) Cambridge Mass.

15- Filed FEB 7 - 1916 BARRY O. ARCHAMBAULT Registrar. 191.. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1916, to Feb. 6 1916, that I saw her alive on Feb. 6 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Bronchial)
Arteriosclerosis / Mitral Insufficiency
Death (Duration) — yrs. — mos. 24 ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast (Both) (Duration) 1 yrs. 7 mos. ds.

(Signed) Helen H. Taylor M. D.

Feb. 6, 1916 (Address) 1115 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 26 ds. In the State ....yrs. ....mos. 26 ds.

Where was disease contracted, if not at place of death? Cuttenango N.Y.

Former or usual residence Cuttenango N.Y.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cuttenango N.Y.	Feb. 7, 1916

20-UNDERTAKER Ezra W. Fitchett Lodi 120 N. Tioga St.

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3690 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Druid Hill ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Annie Flamer

(Residence in Baltimore: No. 2121 Druid Hill ave St. 3 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Blk	widow

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1871. (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Carl Felber

(Address)..... 2121 E Druid Hill Ave

15- FEB 7 - 1916 HARRY O ANDREWS

Filed....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Friday (Month) 4 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5th 1916, to Friday 4 1916, that I saw h[illegible] alive on Friday 3rd 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Dropsy

(Duration) ..... yrs. ..... mos. 29 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis of liver

(Duration) 1 yrs. 1 mos. ..... ds.

(Signed) Gustav Felber M. D.

Feby 6, 1916 (Address) 605 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	2/7, 1916
20-UNDERTAKER Brenda Bromley	ADDRESS 5320 Belair

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92055)

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 W. Chase ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Johnson

(Residence in Baltimore: No. 218 W. Chase St.; ...yrs. 7 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. August ....., 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ...ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Nowa Cox

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cox

(Address) 218 W. Chase St

15- FEB 7 - 1916 HARRY G. ARNESEN

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4th 1916, to Feb 5th 1916, that I saw h[illegible] alive on Feb 5th 1916, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

..... (Duration) ...yrs. ...mos. 1 ...ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) A. Lee Ellis M. D.

2/5, 191.. (Address) 922 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	2/7, 1916.
20-UNDERTAKER Daniel Steadly	ADDRESS 570 N. Bdwy.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92056

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92056

8

1-PLACE OF DEATH — REGISTERED No. C 92

CITY OF BALTIMORE (No. 342 N. Biddle ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Gibson Jr

(Residence in Baltimore: No. 342 N. Biddle St.: 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: ~~Sept 5~~ (Month) ~~64~~ (Day) ~~18~~ (Year)

7-AGE: 52 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE (State or country): Easton Talbot Co Md

PARENTS

10-NAME OF FATHER: John H. Gibson

11-BIRTHPLACE OF FATHER (State or country): Easton Talbot Co Md

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Roberts

(Address) 868 Watts St

15

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) — 6 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1916, to Feb 6th 1916 that I saw h~~im~~ alive on Feb 6th 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Lu Griffe

(Duration) — yrs. — mos. 4 ds.

(Signed) F. C. Smith M.D.

(Date) Feb 6th, 1916 (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Auburn — DATE OF BURIAL: 2/9, 1916

20-UNDERTAKER: Samuel T Beasley — ADDRESS: 510 Druid

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92057 C92057

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Ryan ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Bruce

(Residence in Baltimore: No. 705 Ryan St.; ... yrs. ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan 24, 1868 (Month) (Day) (Year)

7-AGE, 47 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler 517
(b) General nature of industry, business, or establishment in which employed (or employer): at different places

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ed M Bruce

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise E Bruce

(Address) 705 Ryan st

15- Filed FEB 7 - 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30th 1916, to Feb 4th 1916, that I saw h[illegible] alive on Feb 4th, 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Egbert L. Mortimer M. D.

Feb 5th, 1916 (Address) 5307 Fountain

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 7, 1916
20-UNDERTAKER W. J. Holmes & Co	ADDRESS Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Isabelle P. Ports

C92058 HEALTH DEPARTMENT—CITY OF BALTIMORE C92958

CERTIFICATE OF DEATH.

80

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton & Payson ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Isabelle Phelps Ports

(Residence in Baltimore: No. Clifton & Payson St.: 69 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 5th (Day), 1846 (Year)

7-AGE, 69 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frederick Ziegler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary N. Bozeman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Doty

(Address) Clifton & Payson Sts

15- HARRY O. ANDREWS,

Filed FEB 7 - 1916 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 19th 1916, to Feby 5th 1916, that I saw her alive on Feby 5th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris and
Sclerosis - arteriosclerosis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY. Failing Heart action
(Secondary)

(Duration) yrs. mos. Du ds.

(Signed) [illegible] M. D.

Feby 5, 1916 (Address) 1605 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER C. F. Pickenpaugh Sr

ADDRESS Lemax Ave

N.B.—Every item must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

THIS IS A PERMANENT RECORD—WRITE WITH UNFADING INK

Spec.—6-14-14—M. & T.—2000 Dis.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92059

CERTIFICATE OF DEATH.

79 C92059

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Harford Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. E. F. Bennett

(Residence in Baltimore: No. 2230 Harford Ave St.; about 52 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, about 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer): formerly with Hess.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel Bennett

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Katharine Bennett

(Address) 2230 Harford Ave

15-

Filed FEB 7 - 1916, 191 MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1916, to Feb 6th 1916, that I saw h[illegible] alive on Feb 4 1916, and that death occurred, on the date stated above, at 11-00 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) ..... yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) with 2 mos. ..... yrs. ..... mos. ..... ds.

(Signed) Edward Kilduff M. D.

Feb 6, 1916 (Address) 217 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	February 8, 1916
20-UNDERTAKER Henry Hoelk Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C92060

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92060

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6021 North St. 2 WARD)

2-FULL NAME Mrs K Rybicki (Rybicki)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 602 S. Washington St.; 20 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 22, 1845.
(Month) (Day) (Year)

7-AGE, 70 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 30 T
(b) General nature of industry, business, or establishment in which employed (or employer) Soft drink Bottling Works

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Martin Rybicki

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Annie Piontkowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Rybicki

(Address) 602 S. Washington St.

15-

Filed FEB 7 1916 1916 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Feb 5 1916, that I saw h[illegible] alive on Feb 5 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acut Brights

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. Wachman M. D.

Feb 7, 1916 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb 9, 1916.

20-UNDERTAKER W. F. Sadowski

ADDRESS 605 S. Ann

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Tbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92061 C92061

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Milton Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Hilbert

(Residence in Baltimore: No. 204 N Milton Ave St.; 72 yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Feby 28, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer on Subway
(b) General nature of industry, business, or establishment in which employed (or employer)..... 537

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Hilbert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Kessler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Hilbert

(Address) 204 N. Milton Ave

15- FEB 7 - 1916 MARY O. ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Feb 5 1916, that I saw h[illegible] alive on 1/ 11 1916, and that death occurred, on the date stated above, at 3 32 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

..... (Duration).....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (Duration) 6 yrs.....mos.....ds.

(Signed) [illegible] M. D.

Feb 7, 1916 (Address) 1600 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, Feby 8, 1916.

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Aliceanna

Spec.—8-24-14—M. & T.—2000 Bks.

C92062

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C92062

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth I Stepney

(Residence in Baltimore: No. 2130 Mc Elderry St.; ....yrs., 9 mos. 27 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, April (Month) 9 (Day), 1915. (Year)

7-AGE, ...yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Howard Stepney

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Estella Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Gibson

(Address) 2130 Mc Elderry St

15-

Filed FEB 7 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1 1916, to Feby 5 1916, that I saw her alive on Feby 5 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions + Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Eisenhart M. D.

Feby 5, 1916. (Address) 2201-3 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Laurel cemetery	Feb 7, 1916.
20-UNDERTAKER	**ADDRESS**
Milton Davis	1605 Mc Elderry St

Spec.—8-24-14—M. & T.—2000 Blks.

C92063

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92063

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1757 Milliken ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edwards

(Residence in Baltimore: No. 1757 Milliken St.; 27 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Colored a. a.	Single

6-DATE OF BIRTH, Oct. 10, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hack Stable

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Downs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Elizabeth Edwards

(Address)..... 1757 Milliken St

15- Filed FEB 7 - 1916 191.. HARRY O. ANDREWS, Asst. Registrar. Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1916, to Feb. 5, 1916, that I saw h im alive on Feb. 5, 1916, and that death occurred, on the date stated above, at 3:45 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) .....yrs. .....mos. 12 ds.

(Signed) J. C. Robinson M. D.

Feb. 7, 1916 (Address) 611 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Feb. 8, 1916

20-UNDERTAKER Milton Davis ADDRESS 1608 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92064

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92064

92

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1631 Eutaw Place ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Anna Maddox

(Residence in Baltimore: No. 1631 Eutaw Place St. Life yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Aug ? (Month) (Day), 1856 (Year)

7-AGE: 59 yrs. 6 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: John T. Maddox

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Susannah Moore

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Etta Maddox

(Address) 1631 Eutaw Place

15. FEB 7 - 1916 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3 , 1916 . to. Feb 5 1916.
that I saw her alive on Feb 4 , 1916.
and that death occurred, on the date stated above, at 2.30 a m.
The CAUSE OF DEATH* was as follows:

Grippe Pneumonia Lobar.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Clinton Smith M. D.

Feb 6, 1916. (Address) 847 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: Feby. 8, 1916

20-UNDERTAKER: E. M. Mitchell & Co.

ADDRESS: 1201 W. Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74

C92065 C92065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1824 Clifton avenue, ST. 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Woolford,

(Residence in Baltimore: No. 1824 Clifton avenue, St., Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married,

6-DATE OF BIRTH, May (Month) 6th (Day), 1868. (Year)

7-AGE, 47 yrs. 9 mos. 0 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER: George Steinbach,

11-BIRTHPLACE OF FATHER (State or Country): Germany,

12-MAIDEN NAME OF MOTHER: ? ? Schmilt,

13-BIRTHPLACE OF MOTHER (State or Country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harrison A. Woolford, husband,

(Address) 1824 Clifton avenue.

15- Filed FEB 7 - 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral tumor,
(probably glioma)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) 7 yrs. ....mos. ....ds.

(Signed) Frederick Kempel, (Coroner.) M. D.

Feb. 6th, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb. 7, 1916

20-UNDERTAKER Geo. J. Smith — ADDRESS 1000 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C92066

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92066

CERTIFICATE OF DEATH.

9V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 E. Fairmount Ave St. 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna A. Roche

(Residence in Baltimore: No. 2513 E. Fairmount Ave St.; Life yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 6, 1881.
(Month) (Day) (Year)

7-AGE, 35 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Daniel Roche

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Conglelan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J. Roche

(Address) 2513 E. Fairmount Ave

15- Filed FEB 7 - 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 6..., 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 191 6, to Feb 6 191 6, that I saw her alive on Feb 6 191 6, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration)....yrs....mos....7....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Eugene L Lesson Jno M. D.

Feb 7, 191 6 (Address) 2314 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Holy Cross Cem.	Feb 9..., 1916.
20-UNDERTAKER	**ADDRESS**
Robert J Turner	942 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92067 151 C92067

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 8 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gay
(Residence in Baltimore: No. 1607 E Hoffman St St.; .....yrs., ...mos. 2hrs .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 6, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.
If LESS than 1 day, 12 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Herman Gay

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Florence Sickol

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Gay

(Address).....

15- Filed FEB 7 - 1916, 191.... HARRY O ABRAMS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1916, to Feb 6 1916, that I saw him alive on Feb 6 1916, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Hirschfeld M. D.

Feb 6, 1916 (Address) Heb Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cemetery — DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER Robert Turner — ADDRESS 1742 Broadway Oliver

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C92068

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Jacobs

(Residence in Baltimore: No. 220 S Bond St.; yrs. 2 mos. time ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Not Known (Month) (Day) 1889 (Year)

7-AGE, 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Iron Worker 27
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Iron Foundry

9-BIRTHPLACE. (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Henry J Jacobs

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Margaret Abbe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John H Jacobs

(Address) 29 W West St

15- Filed FEB 7 - 1916, 191.....

ROBERT A. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion & Old Age

Duration) yrs. mos. ds.

(Signed) Coroner. M. D.

, 191.6. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 220 S Bond St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Preston Caroline County Md	FEB 7 - 1916

20-UNDERTAKER Geo. A. Gerber

ADDRESS Balto & Payson Sts

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Fuches

(Residence in Baltimore: No. 420 N. Gilmor St.; 62 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 20, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliz. Gleiber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Fuches.

(Address) 420 N. Gilmor St.

15-

Filed FEB 7 - 1916, 191

HARRY O. JUDEFIND
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Feb 6 1916, that I saw her alive on Feb 4 - 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Virginia Pectoris 4 hrs.
Previous attack Jan 29-16.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A. Strauss Jr. M. D.

Feb 7, 1916. (Address) 1935 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park.	Feb 8th, 1916.
20-UNDERTAKER Chas. W. Dill	ADDRESS 3109 Fredk. Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92070 89 C92070

Registered No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1220 Patapsco St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME August Daniel

(Residence in Baltimore: No. 1220 Patapsco St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH Sep. 10, 1840
(Month) (Day) (Year)

7 AGE 75 yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER August Daniel

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary H Kemper

(Address) 1220 Patapsco St.

15 Filed FEB 7 - 1916, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 4, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1916, to Feb 4 1916, that I saw him alive on Jan 30, 1916, and that death occurred, on the date stated above, at 7P m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) — yrs. — mos. 10 ds

Contributory (SECONDARY) General debility old age

(Duration) — yrs. — mos. — ds.

(Signed) Chas E. Conger M. D.

Feb 4, 1916. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross A A Co DATE OF BURIAL Feb 8, 1916

20 UNDERTAKER E & B Hark ADDRESS 115 E Fort Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92071

CERTIFICATE OF DEATH.

45

C92071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Knipe (Mike)

(Residence in Baltimore: No. 820 N. Washington St.; 46 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 30 (Day), 1869 (Year)

7-AGE, 46 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. M. Knipe

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Emma R. Rankin

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Knipe Johnson

(Address) 820 N Washington St

15-
FEB 7 - 1916
Filed..... 191.....
HARRY O. ANDREWS,
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Feb. 5 1916, that I saw h[illegible] alive on Feb. 4 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Inoperable Sarcoma Of the 3rd 4th Lumbar Vertebrae

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Colonitis

(Duration) yrs. mos. 7 ds.

(Signed) S. S. Rouk M. D.

Feb. 6, 1916 (Address) 1000 N. Eutaw Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER George J. Smith

ADDRESS [illegible] Eutaw St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92072

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92072

CERTIFICATE OF DEATH.

45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Ostendorf

(Residence in Baltimore: No. 1444 Riverside Ave St.; 75 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, February 4, 1828 (Month) (Day) (Year)

7-AGE, 88 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Ostendorf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude Danwa

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R J Smith

(Address) Johns Hopkins

15- Filed FEB 7 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 27 1916, to February 5 1916, that I saw h alive on February 5 1916, and that death occurred, on the date stated above, at 10 25 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lung, congestion.
Endocarditis, Edema.
Chronic Nephritis.
(Duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (Secondary) Carcinoma Bladder
Chronic Bright's (Duration) ..... yrs. 2 mos. 15 ds.

(Signed) E Everett Burns M. D.

Feb 6, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1444 Riverside Ave

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer

DATE OF BURIAL. Feb. 9, 1916

20-UNDERTAKER E & B Hark

ADDRESS 115 E Most St

Spec.—8-24-14—M. & T.—2000 Bks.

Bridget Lydon.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92073

CERTIFICATE OF DEATH.

64

C92073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 W Pratt st ST. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Lydon

(Residence in Baltimore: No. 1016 W Pratt st St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... December ....., 1 ..... (Month) (Day) (Year)

7-AGE, ... 41 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ella Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Patrick Lydon .....

(Address)..... 1016 W Pratt St .....

15-

FEB 7 - 1916

Filed....., 191.....

ROBERT F. KRAUTER, M.D. Registrar

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 5 ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 3 191 6, to Feb 5 191 , that I saw h[illegible] alive on Feb 5th 191 , and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage .....

..... (Duration)..... yrs..... mos. 3 ds.

CONTRIBUTORY..... (Secondary)

Chas. Norton (Duration)..... yrs..... mos..... ds.

(Signed)..... M. D.

2/7/16, 191.. (Address) 873 Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet

DATE OF BURIAL, Feb 8, 1916.

20-UNDERTAKER John Herman & Son

ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92074 C92074

CERTIFICATE OF DEATH.

92

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 W Pratt St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Flynn

(Residence in Baltimore: No. 1142 W Pratt St St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Odd Jobs .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Horan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Flynn

(Address) 1142 W Pratt St

15- ROBERT J. KRAULER, Registrar of Vital Statistics

FEB 7 - 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 5 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Feb 5 1916, that I saw her alive on Feb 5 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

..... La Grippe .....

.....

.....

..... Cerebral Hemorrhage ..... (Duration) ..... yrs. ..... mos. ..... 7 ..... ds.

CONTRIBUTORY (Secondary) ..... Pneumonia .....

..... (Duration) ..... yrs. ..... mos. ..... 4 ..... ds.

(Signed) ..... Jas E Mans ..... M. D.

Feb 6 191 6 (Address) ..... 520 Holliday St .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Feb 7, 1916

20-UNDERTAKER	ADDRESS
John Forman & Son	901 Holliday St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092075 — 79 — 092075

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1211 Raborg ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Johnson

(Residence in Baltimore: No. 1211 Raborg St.; 62 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Colrd	Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1853 (Year)

7-AGE, 62 yrs. mos. da. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Johnson

(Address) 1211 Raborg St

15- Filed FEB 7 - 1916 191 ROBERT , KRAUTHOFF, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 191 6, to Feb 6 191 6, that I saw h r alive on Feb 5 191 6, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Unknown yrs. mos. ds.

(Signed) C. Norwood M. D.

Feb 6, 191.. (Address) 939 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W Lanburn	Feb 9, 1916

20-UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollins

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92076

CERTIFICATE OF DEATH.

91 C92076

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Vine St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Robinson

(Residence in Baltimore: No. 1513 Vine St.; 4 yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, March 24, 1911 (Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, John E. J. Robinson

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Randall

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgia Browne

(Address) 1513 Vine St

15- FEB 7 - 1916 ROBERT , KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 4, 1916, to February 6, 1916, that I saw h[illegible] alive on February 6, 1916, and that death occurred, on the date stated above, at 3 R m.

The CAUSE OF DEATH* was as follows:

Bronchio-
Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Abscess

(Duration) ....yrs. ....mos. 2 ds.

(Signed) H. K. Kramer M. D.

2/7, 191 6 (Address) 1605

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Feb 8, 1916
20-UNDERTAKER John Merriman	ADDRESS Longest Holliday St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Dr. Horace Robinson Cor -

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92077 10 C92077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 19 St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nolla McCann

(Residence in Baltimore: No. 345 Mount St.; 42 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dennis Vaughan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McCann

(Address) 345 S. Mount St

15- FILED FEB 7 - 1916 191.... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Feb 5 1916, that I saw h[illegible] alive on Feb 5 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 10 ds.

(Signed) Emmett F. Regan M. D.

Feb 5, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 345 Mount St

Former or usual residence 345 Mount St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Feb 8, 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 606 Lafayette Av

C92078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pt Breeze dead Mercy Hospital ST.: 17 WARD) REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Reilly.

(Residence in Baltimore: No. 1620 Barclay St. 29 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... September ....., 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pa. R. R.

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Peter F. Reilly.

11-BIRTHPLACE OF FATHER (State or Country), City.

12-MAIDEN NAME OF MOTHER Mary E. Burke.

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter F. Reilly

(Address) 329 E. Federal St.

15- FEB 7 - 1916 ROBERT . KRAUTER
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February ..... 5 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~Inquest~~ Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - R. R. Yard, cut & bruise struck head against freight car.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Crushed skull

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Rehmeyer (Coroner.) M. D.

Feb. 5, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 8, 1916
20-UNDERTAKER E A Wiedefeld	ADDRESS Green Mt Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92079 43 C92079

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N. Castle ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha W. Krause

(Residence in Baltimore: No. 1701 N. Castle St.; 68 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... Jan. (Month) 30 (Day), 1848 (Year)

7-AGE, 68 yrs. 6 mos. ..... da.

If LESS than 1 day, ... hrs. or ..... mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE, (State or Country), Bavaria

PARENTS.

10-NAME OF FATHER, John Ballis

11-BIRTHPLACE OF FATHER (State or Country). Bavaria

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M. Krause

(Address) 1701 N. Castle St.

15- FEB 7 - 1916 ROBERT . KRAUTER

Filed ....., 191... VITAL STATISTICS Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1915, to Feb 5 1916, that I saw h.. alive on Jan 5 1916, and that death occurred, on the date stated above, at 6.27 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Clinical Diagnosis

(Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Jacob Frahm M. D.

Feb 7, 1916. (Address) 1976 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. Feb. 8., 1916

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92089 C92080

CERTIFICATE OF DEATH. 48

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Henry Reifsnider

(Residence in Baltimore: No. 407 S. Regester St. Res. East. St.; 57 yrs., 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, September 5, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watch maker
(b) General nature of industry, business, or establishment in which employed (or employer): Factory Employee

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Reifsnider

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie B. Reifsnider

(Address) 12 Kenwood Ave

15- Filed FEB 7 - 1916, 191.... ROBERT J. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Feb 7 1916, that I saw h[illegible] alive on Feb 7 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Articular Rheumatism

Chronic Pleurisy

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) C. W. J. Rieger M. D.

Feb 7, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence Register St Below Bank

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Feb 8, 191...

20-UNDERTAKER Fountain Miller — ADDRESS 2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92081 C92081 x92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Johnson.

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Oct. 10, 1880, 1880
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
35 yrs. 4 mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Post Office

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Washington Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Adams.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... W. Hughes

(Address)..... 1710 W. St.

FEB 7 1916

FEB 7 - 1916 ROBERT P. BRAUER Burial Permit Dist.

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 31 1916, to Feb. 7 1916, that I saw h[illegible] alive on Feb 7 1916. and that death occurred, on the date stated above, at 9.05 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul A. Lewis M. D.

Feb. 7., 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. 1 ... mos. ... ds.

Where was disease contracted, if not at place of death? 1

Former or usual residence Bowie, Md.

19-PLACE OF BURIAL OR REMOVAL, Bowie Md. DATE OF BURIAL, Feb 7, 1916.

20-UNDERTAKER Chas E Franck ADDRESS 802 Madison

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bka.

C92082 C92082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Butler

(Residence in Baltimore: No. 127 W Camden St. St.: 35 yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1873 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Adlpers

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Jno Butler

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Jennie Bakels

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) above

15- FEB 7 - 1916 ROBERT , KRAUTER Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Feb. 7 1916, that I saw him alive on Feb 7 1916, and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Atrophie

Cardiac D. ?

? (Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

? (Duration) ? yrs. mos. ds.

(Signed) M. Degnan M. D.

Feb 7, 1916. (Address) Univ Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 14 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 127 W Camden St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Feb 9, 1916

20-UNDERTAKER John F. Cowan

ADDRESS 901 Hollins

C92083 C92083

HEALTH DEPARTMENT—CITY OF BALTIMORE 126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1712 N. Mount street, ST. 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Johnson,

(Residence in Baltimore: No. 1712 N. Mount street, St. 70 yrs. yrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, October (Month) 4th (Day), 1839. (Year)

7-AGE, 76 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler, 518
(b) General nature of industry, business, or establishment in which employed (or employer): retired 2 years,

9-BIRTHPLACE. (State or Country). Pennsylvania,

PARENTS.

10-NAME OF FATHER Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence A. Johnson, son,

(Address) 1712 N. Mount street,

15- FEB 7 - 1916 ROBERT . KRAUER,
191... 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6th. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prostatocystitis,
(nonmalignant)
(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Frederick Kemper M. D.
(Coroner.)

Feb. 6th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL,
National Cem	2/8, 1916
20-UNDERTAKER	ADDRESS
Samuel T. Hendy	5787 W. Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92084

CERTIFICATE OF DEATH.

79

REGISTERED NO. C92084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Bolton St ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Foy Morrow

(Residence in Baltimore: No. 1119 Bolton St St.: Like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 8, 1850 (Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst. Fire Dept
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER. Saml W. Morrow

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary E. Foy

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Morrow

(Address) 1119 Bolton St

15- Filed FEB 7 - 1916 191 ROBERT , KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1916, to Feb. 6th 1916, that I saw him alive on Feb. 6th 1916, and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Arteriosclerosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 1 ds.

(Signed) J. A. Eberland M. D.

Feb 6 1916 (Address) 40 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lutheran Cemetery DATE OF BURIAL, Feb 8, 191...

20-UNDERTAKER E. J. Fitzpatrick ADDRESS 2235 N. Howard Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

092085 092085

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Penn St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Lenbach

(Residence in Baltimore: No. 210 Penn St.; 3 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug. (Month) 30th (Day), 1912 (Year)

7-AGE: 3 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: Chas F. H. Lenbach

11-BIRTHPLACE OF FATHER (State or country): Balt Md

12-MAIDEN NAME OF MOTHER: Carrie Raeck

13-BIRTHPLACE OF MOTHER (State or country): Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas F. H. Lenbach

(Address) 210 Penn St

15- FEB 8 - 1916 Filed ....., 191..... HARRY O. ARGERSINGER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 ....., 191..., to, Feb 6 ....., 191..., that I saw h... alive on Feb 6 ....., 191..., and that death occurred, on the date stated above, at 2 ..... m.

The CAUSE OF DEATH* was as follows:

Broncho
— Pneumonia

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) Heart Collapse

(Duration) ..... yrs ..... mos. 2 ds.

(Signed), Harry Byrd M. D.

Feb 7, 1916. [Address] 62 Colum

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feb 8th, 1916
20-UNDERTAKER	**ADDRESS**
Geo Leinbach & Son	647 N Balto St

C92086

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH

C92086

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1320 Rutter, Sta. 11 Ward)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E. Thompson Jackson

(Residence in Baltimore: No. 1320 Rutter St.; 9 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): widowed

6 DATE OF BIRTH: May (Month) 1 (Day), 1843 (Year)

7 AGE: 72 yrs. 9 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Frederick, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Brown

(Address) 1320 Rutter St

15 Filed FEB 8 - 1916, 191 .....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 27 1916, to Feb 5 1916, that I saw h~~er~~ alive on Feb 3 1916 and that death occurred, on the date stated above, at 10 4 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin K. Ballard M. D.

Feb 7, 1916 (Address) 1622 Mt Royal Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Feb 8, 1916

20 UNDERTAKER: John A Owen — ADDRESS: 1222 Dum[illegible]

C92087

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

C92087

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 416 New St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Bolding

(Residence in Baltimore: No. 1116 New St.; 5 yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Widower

6-DATE OF BIRTH: Jan 4 (Month), (Day), 1866 (Year)

7-AGE: 50 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Richmond Va

PARENTS

10-NAME OF FATHER: Charles H Bolding

11-BIRTHPLACE OF FATHER (State or country): Richmond Va

12-MAIDEN NAME OF MOTHER: Fannie Baker

13-BIRTHPLACE OF MOTHER (State or country): Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyle Lister Annie Dorsey

(Address) 416 New St

15. Filed FEB 8 - 1916, 191

HARRY O. ROGERS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1st October, 1915, to Feb 5 1916, that I saw him alive on Feb 5 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Complicated with Hypostatic Congestion

(Duration) ..... yrs. 4 mos. 5 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Stewart M. D.

Feb 6, 1916. (Address) 1029 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Int Dion Cem	Feb 8 1916

20-UNDERTAKER: Robert A Elliott ADDRESS: Bozer & [illegible]

C92088

HEALTH DEPARTMENT--CITY OF BALTIMORE

105

C92088

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 200 S. Gilmor, ST.: , WARD) 19 REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther J. Bowers

(Residence in Baltimore: No. 200 S Gilmor St.: 35 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD—WRITE WITH STANDARD INK

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Widow

6-DATE OF BIRTH April 15, 1848
(Month) (Day) (Year)

7-AGE 67 yrs. 9 mos. 21 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work at Home

9-BIRTHPLACE (State or country) Ware. Mass.

PARENTS

10-NAME OF FATHER Samuel Forsythe.

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary Armstrong.

13-BIRTHPLACE OF MOTHER (State or country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE

(Informant) George N. Bowers

(Address) 200 S. Gilmor St.

15 Filed FEB 8 - 1916, 191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 5, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 10, 1916, to Feby 5 1916, that I saw her alive on Feby 4, 1916, and that death occurred, on the date stated above, at 11 6 m.

The CAUSE OF DEATH* was as follows:

Ulceration Colitis

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Frank C. Wagner M. D.

Feby 7, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hollywood Cem Richmond Va.	Feby 8th 1916

20-UNDERTAKER	ADDRESS
John Sheowan Son	907 Hollins St.

C92089

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C92089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. On the Street, Cor. of Gilmor St. & Lafayette Ave. St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Hickman,

(Residence in Baltimore: No. 913 N. Stricker St. St.; yrs. life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, January (Month) 12th (Day), 1855. (Year)

7-AGE, 61 yrs. 0 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter Carriar, 551
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore P. O.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Nathaniel Hickman,

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Margaret Floyd,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Golwin,

(Address) Ten Hills, Md.

15- Filed FEB 8 - 1916, 191... HARRY O ARLEANS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis,

(Duration) 2 yrs. mos. ds.

(Signed) J. Frederick Neumeyer M. D. (Coroner.)

Feb. 7th, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Feb 9, 1916

20-UNDERTAKER Geo. W. Boyd & Son — ADDRESS 2303 Edmondson ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 10 C92090

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; ..... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Beddoe.
(Residence in Baltimore: No. 4811 Fleet St. Highlandtown ST.) 1 yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 31 (Day), 1915 (Year)

7-AGE, 1 yrs. 0 mos. 6 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, James Beddoe

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Bridget Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Phelps.
(Address) Johns Hopkins Hosp.

15-
Filed FEB 8 1916, 191.. HARRY O ANDREWS, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1916, to Feb. 6 1916, that I saw h.. alive on Feb. 6 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Abdominal Intussusception
(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Kenneth F. Murray M. D.
Feb 7, 191.6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 6 ds. In the State 1 yrs. ....mos. 6 ds.
Where was disease contracted, if not at place of death? ✓
Former or usual residence 4811 Fleet St. Highlandtown

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart
DATE OF BURIAL. Feb 8..., 1916.

20-UNDERTAKER Lilly & Zeiler
ADDRESS 408 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92091

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92091

42

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Rose ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Linn Clare

(Residence in Baltimore: No. 522 N. Rose St.; 47 yrs., 9 mos. 18 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Apr. 19th, 1868.
(Month) (Day) (Year)

7-AGE, 47 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework (at Home)
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah R. Butt

(Address) 522 N. Rose St.

15- FEB 8 - 1916 MAYOR'S ARCHIVES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Feb 6 1916, that I saw her alive on Feb 5 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

& Ileus

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Elmer B. Lemmon M. D.

Feb 7, 1916 (Address) 918 N. Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....d. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	Feb. 9, 1916.
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C92092 C92092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Castle ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret D. Gleichman

(Residence in Baltimore: No. 520 N. Castle St.; Life yrs.... mos.... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. June 2nd, 1895 (Month) (Day) (Year)

7-AGE, 20 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House (at Home)
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jos. T. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret D. Scheffler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. T. Smith

(Address) 520 N. Castle

15- Filed FEB 8 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February ✓, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 5 1916

that I saw h[er] alive on Feb 5 1916

and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

6

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Edward [illegible] M. D.

2/6, 191 6 (Address) 413 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Feby. 8, 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C92093

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92093

CERTIFICATE OF DEATH.

REGISTERED NO. C 30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorus Maduick,

(Residence in Baltimore: No. 32 N. Exeter St. St.; 1 yrs., 9 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. 21, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), (City) Maryland

PARENTS.

10-NAME OF FATHER, Dorus Maduick

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Esther Fiorm

13-BIRTHPLACE OF MOTHER (State or Country). U. S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Maduick

(Address) 32 N. Exeter St.

15- Filed FEB 8 - 1916 HARRY O. AHLERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb 8 1916, that I saw him alive on Feb 8 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. T. Smith M. D.

Feb 8, 1916. (Address) 2 Marydale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 1 yrs. 3 mos. 6 ds.

Where was disease contracted, if not at place of death? 32 N. Exeter St.

Former or usual residence 32 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL, Pikesville

DATE OF BURIAL, Feb. 10, 1916

20-UNDERTAKER J. Linton & Bro

ADDRESS 1107 E. Balto. St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92094

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 939 W Mulberry ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Nerches

(Residence in Baltimore: No. 939 W Mulberry St.; 48 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, August 25, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Goldsmith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Engelstad

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W. Lowry

(Address) 939 W Mulberry St

15-

FEB 8 - 1916

(Date Received)

HARRY O. ARLOSOROFF,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 1916, to Feby 5th 1916, that I saw her alive on Feby 5th 1916, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach Was bed declining for Years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. R. Kraze M. D.

Feb 7th, 1916. (Address) 652 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Feb 9 1916

20-UNDERTAKER Mrs A Rohde Sons — ADDRESS 730 Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92095 C92095 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 8 REGISTERED NO. C

CITY OF BALTIMORE: (No. 1502 N. Broadway St.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgard Bastian

(Residence in Baltimore: No. 1502 N Broadway St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS PARAGRAPH RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 1, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Johann Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Nancy Collins

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L Seipt

(Address) 1502 N. Broadway

15- Filed FEB 8 - 1916, 191.. HARRY O. ROGERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1. 31 1916, to 2-5 1916, that I saw h Er alive on 2-5 1916, and that death occurred, on the date stated above, at 6 30 Pm.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Grip

(Duration) yrs. mos. 14 ds.

(Signed) J. E Gately M. D.

2.7, 1916 (Address) 111 S Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemy	Feb. 9, 1916.
20-UNDERTAKER	ADDRESS
Nill & Gilley	221 N Broadway

C92006 C92006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 172

CITY OF BALTIMORE (No. University Md Hosp ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Byrd

(Residence in Baltimore: No. 2303 Harlem St.: Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 7, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, John Broughton

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Ely Green

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Byrd

(Address) 2303 Harlem Ave

15- Filed FEB 8 - 1916 HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(Accident)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell down stairs at home

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Feb 7, 1916. (Address) 242 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2303 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, FEB - 9 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(Over)

Spec.—8-24-14—M. & T.—3500 Blks.

C92097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92097

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD) REGISTERED NO. C 120

2-FULL NAME Albert B. Edmonds

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 403 St. Paul St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH, Feb 18, 1871
(Month) (Day) (Year)

7-AGE: 44 yrs. 11 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Union Oil Co.

9-BIRTHPLACE, (State or Country): Kentucky

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary F. Edmonds

(Address) 403 N. Paul St.

15-

Filed FEB 8 1916. 191.

HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1916, to Feb 6 1916, that I saw h[illegible] alive on Feb. 6 1916 and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) Geo. D. Smith M. D.

Feb. 6, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death: Few minutes yrs. mos. ds. State U. S. yrs. mos. ds.

Where was disease contracted, if not at place of death? 403 N. Paul St.

Former or usual residence 403 N. Paul St.

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, Feb. 8, 1916.

20-UNDERTAKER W. J. Tickner & Sons ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92098 C92098

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Aisquith St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shanie M. Greenstein

(Residence in Baltimore: No. 111 Aisquith st St.; 20 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 85 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Hutz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Greenstein

(Address) 2037 E Balto St

15- FEB 8 - 1916 HARRY O. ANDREWS, Filed....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3 1916, to Feb. 8 1916, that I saw h[er] alive on Feb. 7 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 5 yrs....mos....ds.

(Signed) A. J. Barton M. D.

Feb. 8, 1916. (Address) 717 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Rem. DATE OF BURIAL, Feb. 8, 1916

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Balto St

C92099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C92099

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 741 N. Montford ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Baranowski

(Residence in Baltimore: No. 741 N. Montford ave St.: ~~yrs.~~ 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 5th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Child is illegitimate

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Julia Baranowski

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Baranowski

(Address) 741 N. Montford ave

15- FEB 8 - 1916 Filed....., 191... HARRY G. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feby. 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ..... inquest ..... found that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) D. W. Howe M. D.
(Coroner)

Feby 7, 1916 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Feby 9th 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	905 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C92100

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2572 McCulloh St., ST.; 19 WARD)

2-FULL NAME [redacted], Henrie Mitrick

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

(Residence in Baltimore: No. 2572 McCulloh St., 1st Lifetime, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, Jan. (Month) 19th. (Day), 1867 (Year)

7-AGE, 49 yrs. mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Max Erlanger,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Amelia Bachrach,

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Erlanger,

(Address) 2572 McCulloh St.,

15- Filed FEB 8 - 1916, 191.. HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1910, to Feby 7th 1916, that I saw h Er alive on Feby 7th 1916, and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (pulmonary).

(Duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (following Haemoptysis)

(Duration) yr. yrs. mos. 10 ds.

(Signed) Louis P. Hamburger M. D.

Feby 7th, 1916. (Address) 820 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem, DATE OF BURIAL, Feb. 9th 1916

20-UNDERTAKER Cardin Sondheim ADDRESS 1918 Eutaw Pl

Haemoptysis

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 1 Druid Hill Park ST.: 11 WARD) REGISTERED No. C

2-FULL NAME John T Cook

(Residence in Baltimore: No. 750 N. Eutaw st

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Oct (Month) 30 (Day), 1852 (Year)

7-AGE	If LESS than 1 day,
63 yrs. 3 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 65
(b) General nature of industry, business, or establishment in which employed (or employer): (Keeper of Cigar Store)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John R Cook

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret J. Seward

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah A Seward (Sister)

(Address) 912 William St

15- Filed FEB 8 - 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound of Head

Suicide (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Harry C. Hiyer M. D.
(Coroner)

Feb 7, 191.6 (Address) 3640 Rolandpk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md

DATE OF BURIAL, FEB - 8 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

92102

HEALTH DEPARTMENT—CITY OF BALTIMORE 120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital,
CITY OF BALTIMORE (No. Linden Ave. & Madison st. ST.: 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Dorsey,

(Residence in Baltimore: No. 348 W. Biddle street, St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, ...?.... (Month) ....?.... (Day), 1880. (Year)

7-AGE, 36 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Public 866
(b) General nature of industry, business, or establishment in which employed (or employer)..... waiter,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER John E. Dorsey,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher Johnson,

(Address) 416 N. Caroline street.

15- Filed FEB 8 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...February.... (Month) 5th, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Boarman Hancock M. D. (Coroner.)

Feb. 7th 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Evergreen Cemetery — DATE OF BURIAL, Feb 7 1916

20-UNDERTAKER Chas. A. Wilson — ADDRESS 416 N. Caroline St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92103 64 C92103

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 E. Fayette ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Meunsinger

(Residence in Baltimore: No. 2109 E. Fayette St. St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. July 17th, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karl Geiser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Meunsinger

(Address) 102 S. Potomac St.

15-

Filed FEB 8 1916, 191

HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. 5, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Feb 6 1916, that I saw her alive on Feb 5 1916, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 7, 191.. (Address) 1430 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Feb. 9th, 1916.

20-UNDERTAKER H. Lander Sons ADDRESS 1710 Pleet St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C92104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Bank ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Mackert

(Residence in Baltimore: No. 2010 Bank St.; 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 1st (Day), 1843 (Year)

7-AGE, 72 yrs. 4 mos. 5 ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Potter (Pottery)
(b) General nature of industry, business, or establishment in which employed (or employer): retired 5 years

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Henry Mackert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Mackert

(Address) 2010 Bank St

15-

Filed FEB 8 - 1916, 191... HARRY D. ALLEN, Burial permit O.K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 6 1916, that I saw him alive on Feb 6 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. 2 ds.

(Signed) Joseph E. Sinsi M. D.

Feb 9 191 6 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Feb 9, 1916
20-UNDERTAKER H. Sander Sons	ADDRESS 1310 East St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92105 — 29 — C92105

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 22 E Randall ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret R Taylor

(Residence in Baltimore: No. 22 E Randall St, 70 yrs., 5 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH: Aug 24, 1845 (Month) (Day) (Year)

7-AGE: 70 yrs. 5 mos. 29 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Goins

(Address) 106 W Clement St

15-

Filed FEB 8 — 1916 ROBERT P. KRAUTHOFF Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) ....yrs. ....mos. ....ds.

(Signed) E Schlamp M. D. (Coroner.)

Feb 8, 1916. (Address) 507 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Gen. — DATE OF BURIAL, Feb 10 1916

20-UNDERTAKER E. Schlamp & Son — ADDRESS 1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No. 1734 Townsend ave ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Reitzer

(Residence in Baltimore: No. 1734 Townsend Ave St.; yrs., 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Feb (Day) 2d, 1881 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 4 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nat. Watchman 702
(b) General nature of Industry, business, or establishment in which employed (or employer): Unknown

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Reitzer

(Address) 1734 Townsend St

15- FEB 8 - 1916 ROBERT A. KRAUTER, Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration)....yrs....mos....ds.

(Signed) [illegible] (Coroner.) M. D.

Feb 7, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	Feb 9th, 1916.
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North ave

Spec.—8-24-14—M. & T.—2000 Blks.

C92107.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92107

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Homewood Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F. Bowes

(Residence in Baltimore: No. 1318 Homewood Ave St.; 50 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 26, 1853 (Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Patrick Bowes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Whalen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bowes

(Address) 1318 Homewood Ave

15-

Filed FEB 8 - 1916 ROBERT . KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1916, to Feby 7 1916, that I saw h[illegible] alive on Feby 7 1916, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

a Cerebral Hemorrhage
Chronic Endocarditis Chronic
Stroke (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Exhaustion

(Duration) yrs. 6hrs. mos. ds.

(Signed) J. H. Rosenstein M. D.

Feb 7, 1916. (Address) 716 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Govans — DATE OF BURIAL, Feb 10, 1916

20-UNDERTAKER H. C. Medefeld & Co — ADDRESS Fremont Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 322 S Sharp St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia D. Maddox

(Residence in Baltimore: No. 322 S Sharp St. St. 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... June (Month) 2 (Day), 1853 (Year)

7-AGE. 62 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 766
(b) General nature of industry, business, or establishment in which employed (or employer)..... Canning House

9-BIRTHPLACE. (State or Country). Salisbury Md.

PARENTS.

10-NAME OF FATHER. John H. Maddox

11-BIRTHPLACE OF FATHER (State or Country). Salisbury Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose Maddox

(Address) 322 S Sharp St.

15- FEB 8 - 1916 Filed ..... 191.....

ROBERT J. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) E. L. Grant (Coroner.) M. D.

Feb 8, 1916 (Address) 216 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Feb 9, 1916

20-UNDERTAKER Mrs. J. E. Evans Sons — ADDRESS 1424 E Chase St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92109 C92109

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Plymouth Ave ST.; 13 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Ann Rooney

(Residence in Baltimore: No. 2000 Plymouth Ave St.; 8 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: July (Month) ..... (Day) 1860 (Year)

7-AGE: About 55 yrs. 8 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Nicholas Holt

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lydia Kane

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Knight

(Address) 2009 N Gay St

Filed FEB 8 - 1916, 191.....

ROBERT Pat KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 7 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan, 191.., to, Jan 7 191 6, that I saw h.r alive on Jan 7 191 6, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Mitral disease of the heart-bronchitis

Dyspnea (Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Mitral insufficiency

Bronchitis (Duration) 1 yrs mos.

(Signed) Vernon F Kelly M.D.

Feb 7 1916 [Address] 3704 Falls Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb 9 191 6

20-UNDERTAKER: Chenoweth Son

ADDRESS: Chestnut Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C92140

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 805 George ST. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Jane Weeks

(Residence in Baltimore: No. 805 George St.: 0 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Col.	married

6 DATE OF BIRTH: Dec. (Month) 25 (Day), 1866 (Year)

7 AGE: 49 yrs. 1 mos. 12 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9 BIRTHPLACE (State or country): Charles Co., Md.

PARENTS

10 NAME OF FATHER: Robt Kelly

11 BIRTHPLACE OF FATHER (State or country): Charles Co., Md

12 MAIDEN NAME OF MOTHER: Thomas

13 BIRTHPLACE OF MOTHER (State or country): Charles Co., Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Howard L Wiens
(Address) 805 George St. city

15 FEB 8 - 1916 ROBERT . KRAUTHE. Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1912, to. Feb 6 1916, that I saw h.x. alive on Feb 5, 1916, and that death occurred, on the date stated above, at 8 05 A.m.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy —

(Duration) 3 yrs. 9 mos. — ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John D. Young — M. D.
Feb 6 1916 (Address) 1425 E Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Feby 9th, 1916

20 UNDERTAKER: Felix B. Frye — ADDRESS: 122 E Mulberry st

ROBERT . KRAUTHE

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C9211 C9211

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1374 N. Fremont Av ST.; 15 WARD)

REGISTERED NO. C 78

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie B. Thorster

(Residence in Baltimore: No. 1374 N. Fremont Av St.; 30 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Indefinite (Day) ....., 1875 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jonath Adams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Frisby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Watty

(Address) 1374 N. Fremont Av

15. FEB 8 - 1916 ROBERT J. BRADLEY

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb (Day) 5 (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Feb 5 1916, that I saw her alive on Feby 5 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ..... yrs. 2? mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion sequel to Pastime

(Duration) ..... yrs. 1½ mos. ..... ds.

(Signed) S. Bernard Hughes M. D.

Feb 6 1916 (Address) 1413 Pitt Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feby 9th, 1916.

20-UNDERTAKER Felix B. Pye.

ADDRESS 102 E. Mulberry

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

186

C92112 C92112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital, REGISTERED No. C

CITY OF BALTIMORE (No. Linden ave. & Madison st. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Kenney,

(Residence in Baltimore: No. Non-resident, St.; yrs., mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, March (Month) 25th (Day), 1866. (Year)

7-AGE, 49 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE. (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER: Charles Kenny,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Maggie Daily,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Kenney, wife,

(Address) Emmerton, Harford Co. Md.

15- FEB 8 - 1916 ROBERT . KRAUTH
Filed ..... 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 5th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation following an accidental fall astride a wagon pole causing traumatism to testicles & prostate, (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Traumatic delirium tremens, (Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Feb. 6, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Emmerton, Harford County, Md.

Former or usual residence Ditto.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Marys Hampden	Feb. 8, 1916
20-UNDERTAKER	ADDRESS
Chesnow & Son	Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92113 — 176 — C92113

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Bank ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kelly

(Residence in Baltimore: No. 2024 Bank St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb ....., 1844.
(Month) (Day) (Year)

7-AGE. 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Water Dept.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Kelly

(Address)..... 2024 Bank St

15- Filed FEB. 8 - 1916 ROBERT , KRAUTH, Registrar. No. ..... Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 6, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Feb 8- 1916, that I saw h.wife alive on Feb 7- 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prostatitis (Chronic)

..... (Duration) ..... yrs. 5 mos. 23 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E O'Rourke M. D.

2/9/16, 191... (Address) 143 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Feb 9, 191...

20-UNDERTAKER John A Moran — ADDRESS Bank St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92114 — 28 — C92114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Wilkens Ave ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen R. McGowan

(Residence in Baltimore: No. 2102 Wilkens Ave. St.; Life yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 4th (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): Hat Blocker

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bernard McGowan

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sarah McCoy

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah McGowan

(Address) 2102 Wilkens Ave.

15- FEB 8 - 1916 Filed ....., 191.... ROBERT J. KRAUTHS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 6 1916, that I saw h.. alive on Feb 5 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 14 ds.

(Signed) Edw. L. ... M. D.

Feb 7, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Feb. 9th, 1916.
20-UNDERTAKER	ADDRESS
Jas. Dignan & Son	1000 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92115 C92115

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Franklin

(Residence in Baltimore: No. 1606 Argyle ave St.; ....yrs,....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Widowed

6-DATE OF BIRTH, ..., 1858.
(Month) (Day) (Year)

7-AGE, ...58....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto 233

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Wm Franklin

11-BIRTHPLACE OF FATHER (State or Country), N C.

12-MAIDEN NAME OF MOTHER Indiana Franklin

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Informant

(Address)..... 1606 Argyle ave

15- Filed FEB 8 - 1916, 191.... ROBERT UNDERWOOD Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Feb....2....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb 2 1916, that I saw h.. alive on Feb 2 1916, and that death occurred, on the date stated above, at 9 46 P. m.

The CAUSE OF DEATH* was as follows:

.....
.....Lobar Pneumonia.....
.....
..... (Duration).....yrs.....mos...10...ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration).....yrs.....mos.....ds.

(Signed)..... M. D.

Feb 5, 1916. (Address)..... Knox Ville Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....1....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? above address

Former or usual residence 1606 Argyle Ave

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND FEB 7 - 1916

Commissioner Health.

FOR ANATOMICAL PURPOSES

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92116 — 65 — C92116

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Glover ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Killian Beaner

(Residence in Baltimore: No. 808 N. Glover St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH May (Month) 27 (Day), 1844 (Year)

7-AGE 71 yrs. 8 mos. 10 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Harness Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Factory 369

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Simon Beaner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Maria Schotz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicholas Lehmayer

(Address) 808 N. Glover St

15- Filed FEB 8 - 1916 ROBERT . BRAUNS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 6 (Day) 16, 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 21., 1916, to, Feb. 6., 1916, that I saw him alive on Feb. 5. 1916, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) yrs 2 mos. — ds.

Contributory (SECONDARY) Softening of Brain

(Duration) yrs 2 mos. — ds.

(Signed), F. J. Lebda M. D.

Feb. 8. 1916. [Address] 1801 Pinquith St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Feb 9 1916

20-UNDERTAKER	ADDRESS
Christian Miller	734 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92147 C92147

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Streamer

(Residence in Baltimore: No. 3100 E. Fait Ave. St.; ....yrs.,....mos.....ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Single

6-DATE OF BIRTH, Jan. 22, ..., 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. ....mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Copper - Walker
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, John. W. Streamer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Dunnigan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Snyder.

(Address) J. H. H.

15- FEB 8 - 1916 ROBERT . KRAUTHER, Registrar.
Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19 1916, to Feb. 7 1916, that I saw h[illegible] alive on Feb. 7 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

.....

.....

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cellulitis of neck

..... (Duration) ....yrs. ....mos. 5 ds.

(Signed) [illegible] M. D.

Feb. 7, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State V yrs. V mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 3100 E. Fait Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oaklawn	Feb 9, 1916

20-UNDERTAKER Pickler Pickler ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C92118

8 C92118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Guilford ave ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Peters

(Residence in Baltimore: No. 2710 Guilford ave St.; 6 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 3, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housemake

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fisher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Schneideroth

(Address) 3424 N. Charles

15- FEB 8 - 1916 Filed ..... 191.... NOBERT , BRAUNER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1916, to Feb. 8 1916, that I saw h[illegible] alive on Feb. 8 1916, and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) S. S. Thorn M. D.

Feb 8 1916 (Address) 20 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel

DATE OF BURIAL, Feb. 11, 1916

20-UNDERTAKER Sirkler & Sirkler

ADDRESS 1737 E. Eager

Catherine Douglas

(32119

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 (32119

REGISTERED No. C.....

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Park Ave ST.; 4 WARD)

2-FULL NAME Catherine Douglas

(Residence in Baltimore: No. 317 Park ave St.; 82 yrs. 1 mos. 20 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word): Single

6-DATE OF BIRTH: Dec. (Month) 18 (Day) 1833 (Year)

7-AGE: 82 yrs. 1 mos. 20 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Sebastian Douglas

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary E. Unger

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Kamphaus

(Address) 317 Park ave

15. Filed FEB 8 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 7th (Day) 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to Feb 7th, 1916, that I saw h.d. alive on Feb 6th 1916, and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs mos 6 ds

Contributory (SECONDARY): Agia

(Duration) yrs mos ds

(Signed) H K Forouch M. D.

2-8- 1916 [Address] 117 N Saratoga St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 10 1916

20-UNDERTAKER: Harry W. Eblen — ADDRESS 1944 W North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092120 092120 10

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Argyle Ave ST.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Edwin Cane

(Residence in Baltimore: No. 1114 Argyle Ave St.: 6 yrs., 2 mos. 17 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, March 31, 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George E Cane

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth C Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E Cane

(Address) 1114 Argyle Ave

15-

Filed FEB 8 - 1916, 191.. ROBERT P. PRACTOR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4th 1916, to July 7th 1916, that I saw h.... alive on July 6th 1916, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

1. Broncho Pneumonia (Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Gen. debility and Prematurity

2. ..... (Duration) .... yrs. .... mos. 1 .... ds.

(Signed) Edward E Rustemeyer M. D.

July 7th, 191.. (Address) 1339 W Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Feb 9, 191.6
20-UNDERTAKER Hilbert Brown & Mont.	ADDRESS 306

C92121

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C92121

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 812 S. Grove ST. 1 51 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Amelia Opa

(Residence in Baltimore: No. 812 S. Grove St. 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March 29, 1834 (Month) (Day) (Year)

7 AGE: 76 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Conrad Opa

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Brandt

(Address) 812 S. Grove St

15 Filed FEB 8 - 1916 191 ROBERT KRAUSE Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 6th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 6 1916, to Feby 6 1916
that I saw h[illegible] alive on Feby 6th 1916
and that death occurred, on the date stated above, at [illegible] P. M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 d

Contributory (SECONDARY)

(Duration) yrs. mos. d

(Signed) D. W. Jones M.

Feby 7, 1916. (Address) 3116 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. d
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Feb 9 1916

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2046 Eastern Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92122

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92122

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1126 N Gilmor St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J Hull

(Residence in Baltimore: No. 1126 N Gilmor St.: . . yrs. mos. 2 weeks ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ....., 1838 (Year)

7-AGE: 77 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Silas C. Hull

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Catharine Smith

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry D. Hull

(Address) 1126 N. Gilmor

15- FEB 8 - 1916 Filed ....., 191 ROBERT . KRAUTHOFF BURIAL PERMIT CLERK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 8 (Day), 1916 (Year)

17.) I HEREBY CERTIFY, That I attended deceased from Jan 24, 1916 to. Feb 7 1916 that I saw h-- alive on Feb. 7, 1916, and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease (Mitral Insufficiency)

(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Acute Bronchitis

(Duration) yrs. mos. 14 ds.

(Signed) Irvin Eberly M. D.

Feb 8, 1916 (Address) 707 N Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodsboro Md — DATE OF BURIAL: Feb 11, 1916

20-UNDERTAKER: W J Tickner & Son — ADDRESS: Penna Ave

C02123

HEALTH DEPARTMENT—CITY OF BALTIMORE

C02123

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 49 E Montgomery ST.: 77 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beula E. Headley

(Residence in Baltimore: No. 49 E Montgomery St.; yrs., 7 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 6 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Gay. E. Headley

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Cecil Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gay E. Headley

(Address) 49 E Montgomery St

15- FEB 9 - 1916 HARRY O. ANDREWS, Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis — acute

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Sudden —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Crenshaw M. D. (Coroner.)

Feb. 8, 191.6 (Address) 617 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill | DATE OF BURIAL, 2-9, 1916

20-UNDERTAKER Howard E. Culley | ADDRESS 438 E Montgomery

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—1-24-14—M. & T.—2000 blks.

C92124

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C92124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 S. Linwood Ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Phillip Wirth

(Residence in Baltimore: No. 143 S. Linwood Ave St.; 52 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 20, 1863
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Wirth

(Address) 143 S. Linwood Ave

15-
FEB 9 - 1916
Filed....., 191.... HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Feb 6 1916, that I saw him alive on Feb 6 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) Frank A. Hartman M. D.

Feb 7, 1916. (Address) 3294 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	Feby 9, 1916.
20-UNDERTAKER John Hessig & Co	ADDRESS 2008 Orleans

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

C92125

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92125

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Curley ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maude H. Milton

(Residence in Baltimore: No. 133 N. Curley St.; — yrs., 5 mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 31st (Day), 1915 (Year)

7-AGE, — yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Benj. S. Milton

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Estelle Nitzel

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. S. Milton

(Address) 133 N. Curley St.

15- Filed FEB 9 - 1916, 191.. HARRY O. ROSENBERG, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 7th (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 7 1916, that I saw her alive on Feb 7 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Con. to Cont.

(Duration) ...yrs. — mos. — ds.

(Signed) John D. Turner M. D.

Feb 8, 191.. (Address) Summit Ave & Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel

DATE OF BURIAL, Feb. 9, 1916

20-UNDERTAKER Randall Oppleander & Son

ADDRESS 3[illegible] Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

C92126 C92126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Gorman ave ST.: 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minny Lewis Houck

(Residence in Baltimore: No. 26 Gorman ave St.: 30 yrs. 4 mos. 13 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 15, 1886 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 4 mos. 23 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Carollinton Hotel

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob L. Houck

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Martha E Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna C Houck

(Address) 26 Gorman ave

15-

Filed FEB 9 - 1916, 191.....

HARRY O. ANDREWS
DEPUTY REGISTRAR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-8 191 6, to 2-8 191....., that I saw h alive on 2-7 191 6, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) ? yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. G. Bassett M. D.

2-8, 191 6 (Address) 1671 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Feb 10, 1916.

20-UNDERTAKER	ADDRESS
Wm Cook	502 E Northam

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92127 — 92 — C92127

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 S. Paca ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Frances Haehn

(Residence in Baltimore: No. 1220 S. Paca St.; 23 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
14 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. August Haehn

(Address) 618 Ensor St.

15-

Filed FEB 9 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 7 1916, that I saw h[er] alive on Feb 7 1916, and that death occurred, on the date stated above, at 11-7 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Disease

(Duration) — yrs. — mos. — ds.

(Signed) John A. Wicke M. D.

Feb 9, 1916 (Address) 1726 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	February 10, 1916.
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92128 92128

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 1034 N. Collington Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Gossman

(Residence in Baltimore: No. 1034 N. Collington Ave St.; 50 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow.

6-DATE OF BIRTH, November 8, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, August Koenig

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Victoria Krueger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter G. Gossman

(Address) 1034 N. Collington Ave

15-

Filed FEB 9 - 1916, 191.... HARRY O. ANDREWS, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to Feb. 5th 1916, that I saw h[illegible] alive on January 7th 1916, and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows: Operation Exploration Intestinal Obstruction Adhesions Appendagus

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Dingman M. D.

2/8/, 191.6 (Address) 150 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	February 11, 191.6
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-4—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(92129) 120 (92129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 N. Washington ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Albers

(Residence in Baltimore: No. 2035 N. Washington St.; 65 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 6 (Day), 1845 (Year)

7-AGE, 70 yrs. 9 mos. 2 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Balto Co. Md.

PARENTS.

10-NAME OF FATHER, Joseph Bauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Bauer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. Henry Albers

(Address) 2035 N. Washington St.

15-

Filed FEB. 9 - 1916, 191.. HARRY C. ARLANDS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Feb 8 1916, that I saw her alive on Feb 8 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Hemoptysis & Influenza

(Duration) 3 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Nephritis & Influenza

(Duration) 3 yrs. mos. ds.

(Signed) R. P. Carman M. D.

Feb 9, 191.. (Address) 1701 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	February 11, 1916
20-UNDERTAKER	ADDRESS
Henry Hoen & Son	1901 E. Eager St.

C92130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C92130

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home & Infirmary WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Schmidt

(Residence in Baltimore: No. 1216 Glyndon Ave St.; yrs. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, Aug. (Month) 18 (Day), 1887 (Year)

7-AGE, 28 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candymaker 32
(b) General nature of industry, business, or establishment in which employed (or employer): Guth Bros

9-BIRTHPLACE, (State or Country), Balto Md City

PARENTS.

10-NAME OF FATHER, Wm Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Schmidt Jr.

(Address) 1217 Glyndon Ave

15- FEB 9 - 1916 Filed, 191 HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ba. Fract. Skull and Laceration of Brain, caused by a service shot fired by a Cadet

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Merrill Lemay M. D. (Coroner.)

Feb 9, 1916 (Address) 1709 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Shooting occurred on Eastern Ave Road

Former or usual residence 1216 Glyndon Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Feb 9, 1916

20-UNDERTAKER John J. Fields

ADDRESS 1200 W Lombard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92131

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92131

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Emory st ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary. E. Mueller

(Residence in Baltimore: No. 312 Emory st St.; 60 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Dec 16, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Everhart H. Bede

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Mary Sees

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Mueller

(Address) 312 Emory st

15-

Filed FEB 9 - 1916, 191.... HARRY O ANDREWS, Burial Permit CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb 7 1916 that I saw h-2 alive on Feb 7 1916, and that death occurred, on the date stated above, at 11 a.m. and 2,

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
Adhesions, intestinal
Apoplexy

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Jno W Thompson M. D.

....., 191... (Address) 20 S Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Feb 10, 191 6

20-UNDERTAKER Jos Jourdan's Son — ADDRESS 217 S Pac

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 Columbia Ave St.; 22 WARD)

2-FULL NAME Agnes Stropas

(Residence in Baltimore: No. 650 Columbia Ave St.; 1 yrs., 11 mos. 3 ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, March 4, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 3 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). (City) Maryland.

PARENTS.

10-NAME OF FATHER. Geo. Stropas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Tuktis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ? Frances Stropas

(Address) 650 Columbia Ave

15- Filed FEB 9 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916; to Feb 8 1916; that I saw h/ alive on Feb 7. 1916, and that death occurred, on the date stated above, at 4.55 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis (Tuberculous)

Tuberculosis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W C Shilinger M. D.

Feb 9, 1916 (Address) 657 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislowas — DATE OF BURIAL, Feb 9, 1916

20-UNDERTAKER John Grabliauskas — ADDRESS 500 3d Pl

Spec.—6-19-13—M. & T.—500 Bks.

92133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C92133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S Streeter ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome A. Groppe

(Residence in Baltimore: No. 339 S. Streeter St.; yrs., 9 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April (Month) 26 (Day), 1915 (Year)

7-AGE, 9 yrs. mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ~~U.S.~~ Balto. City.

PARENTS.

10-NAME OF FATHER, J. Jorge Groppe

11-BIRTHPLACE OF FATHER (State or Country), ~~U.S.~~ Balto. Md.

12-MAIDEN NAME OF MOTHER Lillian M. Rook

13-BIRTHPLACE OF MOTHER (State or Country), ~~U.S.~~ Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Rook

(Address) 339 S. Streeter St.

15- FEB 9 - 1916 Filed....., 191.. HARRY G. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Feb 8 1916, that I saw h-- alive on Feb 7 1916, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Coeliac asthenia

(Duration) yrs. mos. 1 ds.

(Signed) C. McCollum M. D.

Feb 9, 1916. (Address) 14 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery. DATE OF BURIAL, Feb. 9, 1916

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Fred'k. Ave.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C. 152

CITY OF BALTIMORE: (No. 1102 Greenmount Ave St.; 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margret Cramer

(Residence in Baltimore: No. 1102 Greenmount Ave St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. 7 (Month) (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: David F. Cramer

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Wilhelmine Heinkamp

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): David F. Cramer
(Address): 1102 Greenmount Ave

15-
FEB 9 - 1916
Filed ....., 191.... HARRY C. ARDENS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 8 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1916, to Feb 8, 1916, that I saw ~~her~~ alive on Feb 8, 1916, and that death occurred, on the date stated above, at 11 52 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of New-born (From Stomach Intestines)

(Duration) yrs mos. 6 hrs.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) J. E. Bunbaert M. D.

2-9, 1916. [Address] 202 E. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb 9, 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 2304 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHEN PENNED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92135 C92135

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1000. N Wolfe St. 7 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosaria Fazziano

(Residence in Baltimore: No. 1000. N Wolfe St.: yrs. 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 6th. August, 1915 (Month) (Day) (Year)

7-AGE: yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS

9-BIRTHPLACE (State or country): Baltimore Md

10-NAME OF FATHER: Bertiamo Fazziano

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Josephine Maj.

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Fazzo

(Address) 1000 N. Wolfe St.

15 Filed FEB 9 - 1916, 191 HARRY O. ARLBERG, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 18th, 1915, to February 7 1916 that I saw her alive on February 7, 1916, and that death occurred, on the date stated above, at 7 a m. The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY) Capilary Bronchitis

(Duration) yrs. mos. 7 ds.

(Signed) Thomas J. Timmins M. D.

Feb 8, 1916 (Address) 1023 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Vincents Cem. DATE OF BURIAL: Feb. 9th, 191 6

20-UNDERTAKER: Tilly & Feiler ADDRESS: 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92136 C92136

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 Greenwillow ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rinn

(Residence in Baltimore: No. 543 Greenwillow St.; 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	widow

6-DATE OF BIRTH, Unknown ....., 1830
(Month) (Day) (Year)

7-AGE, 86 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel Scanlan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cath. Buckley

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Rinn

(Address) 543 Greenwillow St.

15-

Filed FEB 9 - 1916, 191.....

HARRY O. ANDREWS
ACTING Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 3 1916, to Feby 8 1916, that I saw h.. alive on Feby 8 1916, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. Chaffee M. D.

Feby 9, 1916. (Address) 548 Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Feb. 11, 1916

20-UNDERTAKER	ADDRESS
M. Faherty & Sons	106 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92137 C92137

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 argyle ave ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Layton

(Residence in Baltimore: No. 1214 Argyle ave. St.; ....yrs., 6 mos. 16 ds.)

7

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Infant

6-DATE OF BIRTH, July 22, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. H. Layton

11-BIRTHPLACE OF FATHER (State or Country), Lancaster Co. Va.

12-MAIDEN NAME OF MOTHER, Frances Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Lancaster Co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances F. Layton

(Address) 1214 argyle ave

15- FEB 9 - 1916 HARRY O. ABRAMS, Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1916, to Feb. 7 1916, that I saw him alive on Feb. 7 1916, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Infantile Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Rickets 14 Days

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. H. Tompkins M. D.

2-7-, 191 6 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Feb 9 1916

20-UNDERTAKER Samuel J. Hemsley ADDRESS 5 N. Biddle

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92138 C92138

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 Lambert street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Brooks,

(Residence in Baltimore: No. 524 Lambert street, St.; 22 yrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married,

6-DATE OF BIRTH: October ? ?, 1861,
(Month) (Day) (Year)

7-AGE: 54 yrs. 3 mos. ? ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or Country): Maryland,

PARENTS.

10-NAME OF FATHER: Unknown,

11-BIRTHPLACE OF FATHER (State or Country): Unknown,

12-MAIDEN NAME OF MOTHER: Margaret Gray,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Brooks, son,

(Address) 644 Greenwillow street.

15-

Filed FEB 9 - 1916, 19.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
inquiry and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Campbell M. D.
(Coroner.)

Feb. 8th. 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL, Feb 10, 1916

20-UNDERTAKER: Samuel J Hemsley — ADDRESS 578 Biddle st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92139 C92139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Light St.; 23 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Utz

(Residence in Baltimore: No. 1830 Light St.; 34 yrs., 5 mos. 28 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, August 10, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bottler in Brewery
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Fisher Utz

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Emma Becker

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Utz wife

(Address) 1830 Light St.

15- FEB 9 - 1916 HARRY O ANDREWS, Filed ..... 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1916.
(Month) (Day) (Year)

17, I HEREBY CERTIFY, That I attended deceased from February 5 1916, to February 8 1916, that I saw him alive on February 8 1916, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Cancer Pneumonia

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Angina

(Duration) yrs. mos. ds.

(Signed) J. H. Kennard M. D.

Feb 9, 1916 (Address) 1015 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cem.	Feb., 1916.
20-UNDERTAKER J. Fen McCarthy	ADDRESS 39 E. Fort.

C92140

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92140

CERTIFICATE OF DEATH

80

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Eastern Ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Lipinski

(Residence in Baltimore: No. 2627 Eastern Ave St. 23 yrs. ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: June (Month) 23 (Day) 1865 (Year)

7-AGE: 50 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Store 41

9-BIRTHPLACE (State or country): Austria Galicia

PARENTS

10-NAME OF FATHER: Michal Lipinski

11-BIRTHPLACE OF FATHER (State or country): Austria Galicia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Apolonia Lipinska

(Address) 2627 Eastern Ave

15- FEB 9 - 1916 Filed ..., 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 7th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1916, to, Feb 7th 1916, that I saw him alive on Feb 7th 1916, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Right Ventricle (angina pectoris)

1 hour (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) Chronic Myocarditis

Indefinite (Duration) — yrs. — mos. — ds.

(Signed), J. Albert Miller M. D.

2-7- 1916 [Address] 2739 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary — DATE OF BURIAL: Feb. 10 1916

20-UNDERTAKER: William Fialkowski — ADDRESS: 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92141 C92141

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2221 Eastern Ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marinna Szarkowska

(Residence in Baltimore: No. 2221 Eastern Ave St.; ... yrs., — mos. 1 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb. (Month) 8 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Szarkowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Frances Sierak

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Peter Szarkowski

(Address) 2221 Eastern

15-

FEB 9 - 1916

Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Febr. 8 1916, to Febr. 9 1916, that I saw him alive on Febr. 9 1916, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Congenital debility
7 months baby

(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) A. Januszewski M. D.

Feb. 9, 1916. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feb. 9, 1916.
20-UNDERTAKER Wm Fialkowski	ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

C92142

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92142

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Eden ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Chapman.

(Residence in Baltimore: No. 604 N. Eden St.; 0 yrs., 0 mos. 9 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Black	Single

6-DATE OF BIRTH. January (Month) 29 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Chapman, Charles.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Brown, Georgia

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tuckey, M.D.

(Address) Johns Hopkins Hosp.

15- Filed FEB 9 - 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 29 1916, to February 8 1916, that I saw her alive on January 29 1916, and that death occurred, on the date stated above, at 5 30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration)....yrs....mos....ds.

(Signed) John G. Heuman Jr. M. D.

Feb 8, 1916 (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem.	Feb 9, 1916
20-UNDERTAKER	ADDRESS
Mrs J. G. Locks	1302 Jefferson St.

C92143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C92143

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1618 Gatorbe ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Van Renuels ~~Carter~~ Carter.

(Residence in Baltimore: No. 1618 Gatorbe St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Child

6-DATE OF BIRTH, December (Month) 26 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
yrs. 1 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Van Carter

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nannie Saunders

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Saunders (Mother)

(Address) 1618 Gatorbe St.

15-

Filed FEB 9 - 1916, 191 HARRY O ANDREWS, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) ....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Jno P Schamberger M. D. (Coroner.)

Feb 8, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laural Cem	Feb 9, 1916

20-UNDERTAKER	ADDRESS
Robert A Elliott	506 East

Spec.—8-24-14—M. & T.—2000 Bks.

C92144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92144

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hamilton

(Residence in Baltimore: No. 120 Old York Road St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 39 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thos. Stepter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rachel Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hamilton

(Address) 120 Old York Road

15-

Filed FEB 9 - 1916, 191... HARRY O ANDREWS, City Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to Feb. 6 1916, that I saw h[illegible] alive on Feb 6 1916 and that death occurred, on the date stated above, at 7.50 m.

The CAUSE OF DEATH* was as follows:

a Carcinoma

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) [illegible]

..... (Duration)..2..yrs.....mos.....ds.

(Signed) Alfred L. Smith M. D.

Feb 10, 1916. (Address) 1111 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, [illegible]ITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 3[illegible] yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 120 Old York Road

Former or usual residence 120 Old York Road

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	Feb 10, 1916

20-UNDERTAKER	ADDRESS
Robert A. Elliott	306 Rogers St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92145 C92145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital 28 REGISTERED No. C

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick A Bailey

(Residence in Baltimore: No. U. S. Marine Hospital St.; — yrs., — mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown ....., 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman 506
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) U. S. Government

(Address) Admission to Hospital

15- Filed FEB 9 - 1916, 191... BERRY & SHEARD, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 8 1916, that I saw him alive on Feb. 8 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Uraemia convulsions followed by Uraemic Coma, due to Acute parenchymatous nephritis

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Alcoholism chronic

Tuberculosis of lungs (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Chas. H. Vogel M. D.

Feb. 8, 1916. (Address) U. S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Newark N. J. DATE OF BURIAL Feb 9 1916

20-UNDERTAKER W. M. Gaudlup ADDRESS 1624 Mc Key st. Alt.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1916
17 44
2

Spec.—8-24-14—M. & T.—2000 Blks.

C92146 C92146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.) 8 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Milton Horst

(Residence in Baltimore: No. 1714 N Paterson Park Ave. St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. April 20, 1897
(Month) (Day) (Year)

7-AGE. 18 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas Fixture Co

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Conrad Horst

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Christina Shreiner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Horst

(Address) 1714 Paterson Park Ave

15-

Filed..... FEB 9 - 1916 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Feb 8 1916, that I saw him alive on Feb 8 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T Trammell Starr M. D.

Feb 8, 1916. (Address) Church Home Infy.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home.

Former or usual residence 1714 Paterson Park Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mathews Cem	Feb 11, 1916
20-UNDERTAKER	ADDRESS
Robert J Turner	1442 Broadway

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92147 28 92147

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1521 N. Lanvale St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margarite Marie Walker

(Residence in Baltimore: No. 1521 N. Lanvale St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH Nov. 26, 1889
(Month) (Day) (Year)

7 AGE 26 yrs. 2 mos. 12 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 8

9 BIRTHPLACE (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Hare

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Waddell

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. S. Walker

(Address) 1521 N. Lanvale St.

15 Filed FEB 9 - 1916 191 HARRY O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 8, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1914, to Feb. 8 1916 that I saw her alive on Feb. 8 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) — yrs. — mos. 5 ds.

(Signed) J. G. Friede M. D.

2/8, 1916. (Address) 1530 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Feb 11, 1916
20 UNDERTAKER	**ADDRESS**
Robert J Turner	1442 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CB2148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE (No. St. Josephs Hospital ST. 2 WARD) — REGISTERED No. C 182

2-FULL NAME Paul Prietz

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 9 S. Durham St.; In Balto about 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH. ..Aug..17.., 1878.
(Month) (Day) (Year)

7-AGE. ..37.. yrs. ..5.. mos. ..20.. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sign Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Anton V. Bros.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Paul Prietz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Nordbruch

(Address) 209 S. Durham St.

15- Filed FEB 9 - 1916, 191.. HARRY O. ANDREWS, Registrar. BURIAL PERMIT ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Fractured Skull & Laceration of Brain caused by revolver shot wound, the result of Homicide
(Duration) ..yrs..mos..1..ds.

CONTRIBUTORY (Secondary)
(Duration) ..yrs..mos..ds.

(Signed) Wilbur Davis, M. D. (Coroner.)
Feby 8..., 1916 (Address) 1729 Madison Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs..mos..1..ds. In the State ..37.. yrs..5..mos..20..ds.

Where was disease contracted, if not at place of death? Shooting occured at 205 W. Wall St. f.f.
Former or usual residence 9 S. Durham St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Edwards Cemetery	Feb. 10., 1916.
20-UNDERTAKER Albert E. Fuller	ADDRESS 221 N. Bltmr

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C92149

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 577 Laurens street, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. Stack,

(Residence in Baltimore: No. 577 Laurens street,

St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Married,

6-DATE OF BIRTH, April (Month) 6th (Day), 1865. (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 10 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Dennis Kirby,

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Ann Travers,

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Stack, husband.

(Address) 577 Laurens Street.

15- ROBERT . KRAUTER, Burial Permit Clerk 191... Registrar.

FEB 9 - 1916

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 8th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarlitis,

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) Frederick Campbell M. D.
(Coroner.)

Feb. 8th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. | DATE OF BURIAL, Feb. 11 1916

20-UNDERTAKER G. F. Wacker | ADDRESS G. F. Wacker

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92150 C92150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 307 E. 23rd St. ST.; 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Oneal

(Residence in Baltimore: No. 307 E 23rd St 44 40 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Widow

6-DATE OF BIRTH, — — 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, W. Martin

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Mary Hopkinmuth

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE ~~IS~~ TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Gorman

(Address) 307 E 23rd St

15- Filed FEB 9 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Contused Abrasions

(Duration) ... yrs. ... mos. ... ds.

(Signed) Hans C. Klein M. D.
(Coroner.)
Feb 8, 1916 (Address) 3640 Rolandave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Feb 10, 1916
20-UNDERTAKER - C. A. Wedefeld Jr.	ADDRESS 2113 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(92151

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92151

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 504 W Fayette ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tom L Curtz

Residence in Baltimore: No. 504 W Fayette

St.; yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs..... mos..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Printer H+B
(b) General nature of industry, business, or establishment in which employed (or employer)... Balto Printing & Binding Co.

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. M. Rutherford

(Address) 210 E Lexington St

15- Filed FEB 9 - 1916, 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. G. Jeffers M. D.
(Coroner.)

Feb 9, 191.. (Address) 242 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Manchester Va. DATE OF BURIAL, Feb 9, 19 16

20-UNDERTAKER Jos. B. Cook ADDRESS 1003 W Balto

C92152 — 19 C92152

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 207 Aisquith ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Kennard

(Residence in Baltimore: No. 207 Aisquith St.: 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	Col	Single

6-DATE OF BIRTH Unknown (Month) (Day), 1846 (Year)

7-AGE 70 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Md Balto.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Bell

(Address) 140 Walker St

FEB 9 - 1916 Filed ..., 191... NORBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 7 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1916, to Feb 7, 1916, that I saw h-z alive on Feb 4, 1916, and that death occurred, on the date stated above, at 10-30 P m.
The CAUSE OF DEATH* was as follows:

Organic heart Disease
Probable Interval, months Don't know (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Old age & Asthma
... (Duration) — yrs. — mos. — ds.

(Signed) E E Kennard M. D.
Feb 9th, 1916. (Address) 202 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: M. E. Fairview — DATE OF BURIAL: Feb 10, 1916

20-UNDERTAKER: Wm H. Craughton — ADDRESS: 160 N Walker

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92153 17r C92153

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. McKenna

(Residence in Baltimore: No. 831 Hamilton Terrace St.; yrs., 4 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 9 (Day), 1889 (Year)

7-AGE, 26 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): U. of M.

9-BIRTHPLACE, (State or Country), Rhode Island

PARENTS.

10-NAME OF FATHER, James F. McKenna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Monaghan

13-BIRTHPLACE OF MOTHER (State or Country), New England States

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr M. P. Nugent (Bro in law)

(Address) Providence R. I.

15- FEB 9 - 1916 Filed ....., 191.. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia

Fell down stairs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fractured jaw & Skull

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

Feb 9, 191.. (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Step J. Maryland Univ Hosp

Former or usual residence Connecticut

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Crompton R. I.	Feby 10, 1916.
20-UNDERTAKER	ADDRESS
Stewart & Bowen Co	108 N North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92154 C92151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 McCulloh St. ST.; 14 WARD) REGISTERED No. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Soper

(Residence in Baltimore: No. 1515 McCulloh St. St.; 81 yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, October (Month) 16 (Day), 1834 (Year)

7-AGE,	If LESS than 1 day.
81 yrs. 3 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer): none.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Philip Hiss.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sarah Rodgers.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Judge Morris A. Soper(son).

(Address) 1515 McCulloh St.

15- FEB 9 - 1916 ROBERT . KRAUTER, Filed ..... 191 ..... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 191 6, to Feb 9 1916.
that I saw h[illegible] alive on Feb 9 1916.
and that death occurred, on the date stated above, at 8½ A. m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis Uremia —

0 (Duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Edward D. King M. D.
Feb 9, 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	Feb. 11, 1916
20-UNDERTAKER	ADDRESS
Stewart & Howen Co'ly.	108 W. North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Emma Balmer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92155 C92155

CERTIFICATE OF DEATH.

8 × 115

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma Balmer

(Residence in Baltimore: No. Church Home & Infirmary St.; ... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Unknown ....., 18..5.? (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....66.... yrs. ..... mos. ..... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proprietor 87
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laclede Hotel

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Fitzsimmons

(Address)..... 3247 First Ave.

15- FEB 9 - 1916 Filed..... 191... Burial Permit Issued by ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 9 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5th 1916, to Feb 9 1916, that I saw h.. alive on Feb 9 1916, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

..... Bronchio Pneumonia (Post Mortem) .....

..... (Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cholecystitis Cholelithiasis

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ..... Maxwell Starr M. D.

Feb 9 ....., 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State 48 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 3247 First Ave Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Feb. 12, 1916.

20-UNDERTAKER Louis Herman ADDRESS 32 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92156 C92156

CERTIFICATE OF DEATH.

176

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 6 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert E. Thomas
(Residence in Baltimore: No. 156 N. Ellwood Ave St.; yrs. 62 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, January 1st, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. mos. 7 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Stable 5th
(b) General nature of industry, business, or establishment in which employed (or employer): Mr boss

9-BIRTHPLACE, (State or Country): Md Balto

PARENTS.

10-NAME OF FATHER: Wm M. Thomas
11-BIRTHPLACE OF FATHER (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Annie Cole
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frances R. Thomas
(Address) 156 N. Ellwood Av.

15- FEB 9 - 1916
Filed ..... 191... BURIAL PERMIT CLERK, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:
Depressed fracture of Skull, rupture of R. Cranial & Intern. Hemorrhage, result of being kicked by a mule = Accidental.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm W. Savage M. D.
(Coroner.)
Feb 9, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Accident - Pratt & Central Ave.
Former or usual residence 156 N. Ellwood Ave

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 10 1916

20-UNDERTAKER John A. Doman — ADDRESS Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C92157

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92157

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 N. Dallas ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest L. Cornish

(Residence in Baltimore: No. 104 N. Dallas St.: 1 yrs., — mos. 14 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Jan 25, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Thos. N. Cornish

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mable Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. N. Cornish

(Address) 104 N Dallas St

15-

FEB 10 1916 (DATE OF RECEIPT)

Filed ....., 191.. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-[illegible] 1916, to 8 Feb. 1916, that I saw h[illegible] alive on 7 Feb. 1916, and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Several

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. 0 mos. 1 ds.

(Signed) J. Mayfield Dash M. D.

9/2, 191.6 (Address) 1128 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 10 1916
20-UNDERTAKER Clare H. Johnson	ADDRESS 1128 N. Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 815 N. Dallas St. 3 WARD) REGISTERED No. C

2-FULL NAME Elsie Wilson

(Residence in Baltimore: No. 815 N Dallas St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Age 0 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, January 1 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Easter Francis

(Address) 815 N. Dallas St

15- Filed FEB 10 1916, 191.... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Disorder

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

...., (Duration) ....yrs....mos....ds.

(Signed) ..... M. D.
(Coroner)

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Feb 10, 1916
20-UNDERTAKER	ADDRESS
John W Henderson	317 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S Dallas ST.: 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Harry~~ Joseph Henry Callison

(Residence in Baltimore: No. 218 S Dallas St.: 47 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.): Married

6-DATE OF BIRTH: April 7, 1868 (Month) (Day) (Year)

7-AGE: 47 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labourer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): St Marys Co Md

PARENTS.

10-NAME OF FATHER: Joseph Henry Collison

11-BIRTHPLACE OF FATHER (State or Country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Henrietta Bino

13-BIRTHPLACE OF MOTHER (State or Country): St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henretta Callison

(Address) 218 S. Dallas St.

15- FEB 10 1916 HARRY O. ANDREWS

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 8 1916, that I saw him alive on Feb 8 1916, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 7 ds.

(Signed) J. Wade M. D.

Feb 9, 1916. (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury C M	Feb 10, 1916.
20-UNDERTAKER John W Henderson	ADDRESS 31 N Caroline

Spec.—8-24-14—M. & T. 1,000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92160 C92160

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clark Paine

(Residence in Baltimore: No. 5 days Johns Hopkins Hospital St.: ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. December 9, 1868 (Month) (Day) (Year)

7-AGE, 47 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bartender
(b) General nature of industry, business, or establishment in which employed (or employer). Newport News Va

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Orsen L. Paine

11-BIRTHPLACE OF FATHER (State or Country). N.Y.

12-MAIDEN NAME OF MOTHER Emily Patten

13-BIRTHPLACE OF MOTHER (State or Country). N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 10 1916, 191.... HARRY O. ANDREWS, VITAL STATISTICS Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 4 1916, to February 9 1916, that I saw h[illegible]alive on February 9 1916, and that death occurred, on the date stated above, at 1 45 a.m.

The CAUSE OF DEATH* was as follows:

1st Acute Dilatation of Heart

Duration 1½ hrs.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration)....yrs....mos. 16 ds.

(Signed) Nathaniel H Bruch M. D.

Feb 9, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs 4 mos. 5 ds.

Where was disease contracted, if not at place of death? 4

Former or usual residence 24½ Washington Ave Newport News Va.

19-PLACE OF BURIAL OR REMOVAL, East Aurora Erie Co N.Y. DATE OF BURIAL. Feb 10 1916

20-UNDERTAKER Jos. J. Kerr ADDRESS 1714 E. Fayette

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

092161 — 120 — 092161

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 802 S. Paca ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph C Wallace

(Residence in Baltimore: No. 832 S Paca St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH ..... (Month) ..... (Day), 1863 (Year)

7 AGE 53 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Porter 866
(b) General nature of industry, business, or establishment in which employed (or employer) Pullman Service

9 BIRTHPLACE (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER John Wallace

11 BIRTHPLACE OF FATHER (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Sophia Murray

13 BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Belle Wallace

(Address) 832 S Eutaw St

15 Filed FEB 10 1916 19... HARRY O. ADAMS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7 (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to Feb 7 1916, that I saw h— alive on Feb 6 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) O B Florence M. D.

Feb 8, 1916 (Address) 714 S Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Calvert Co Md

19 PLACE OF BURIAL OR REMOVAL Governors Run — DATE OF BURIAL Feb 10, 1916

20 UNDERTAKER John H Troadvin — ADDRESS 142 Mosher St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92162

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92162

1 PLACE OF DEATH

REGISTERED No. C 14

CITY OF BALTIMORE (No. 1733 Braddish Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Owens

(Residence in Baltimore: No. 1733 Braddish ave St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct 17, 1849 (Month) (Day) (Year)

7-AGE: 66 yrs. 3 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Mr Kolow

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mr Known

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Frank Imber

(Address) 1733 N Fulton ave

15

Filed FEB 10 1916

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 7th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1916, to date of death, 191

that I saw h-- alive on July 7th, 1916.

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Death was due
to dysentery
about two weeks duration

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) F. L. Davis M. D.

July 8, 1916 (Address) 824 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb 10, 1916

20-UNDERTAKER: Wm Pouton ADDRESS: 230 N Grave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92163

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92163

CERTIFICATE OF DEATH.

122

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Eutaw Place ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edw'd Gregory

(Residence in Baltimore: No. 1402 Eutaw Place St.: 9 yrs., 5 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, September (Month) 21 (Day), 1851 (Year)

7-AGE, 64 yrs. 4 mos. ~~27~~ 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ~~Bookkeeper~~ Accountant 966
(b) General nature of industry, business, or establishment in which employed (or employer): Last position was in hardware store

9-BIRTHPLACE, (State or Country), Cohoes - N.Y.

PARENTS.

10-NAME OF FATHER, Charles Nelson Gregory

11-BIRTHPLACE OF FATHER (State or Country). Catskill N.Y.

12-MAIDEN NAME OF MOTHER Ann Overbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Catskill N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Roman

(Address) 12 Dorchester Road

15-

FEB 10 1916

Filed....., 191.... HARRY O. ARJEANS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1916, to February 1916, that I saw h[illegible] alive on Feb 8th 1916, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Peripleuric Abscess

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. T. Pearal M. D.

Feb. 10th, 1916 (Address) 2105 Chas. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 11th, 1916.

20-UNDERTAKER Philip Gerwald & Son ADDRESS 1914 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Burkhardt

(Residence in Baltimore: No. 2727 Hudson St

St., Life 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, January 27, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Joseph Burkhardt

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Rose Burkhardt

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-
FEB 10 1916 HARRY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1, 1916, to February 8, 1916, that I saw him alive on February 8, 1916, and that death occurred, on the date stated above, at 7 50 p m.

The CAUSE OF DEATH* was as follows:
Pneumonia, acute, primary

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. Lunar M. D.

Feb 9, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. 6 mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2727 Hudson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	Feb 11, 1916
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Pulaski St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92165

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92165

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas G. Norr

(Residence in Baltimore: No. 605 S. Port St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 13th (Day), 1892 (Year)

7-AGE, 23 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Ice Company

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Louis Norr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Dasch

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Norr

(Address) 605 S. Port St

15-

Filed FEB 10 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1915, to Feb 7 1916, that I saw him alive on Feb 7 1916, and that death occurred, on the date stated above, at 11P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 6 mos. ds.

(Signed) Walter G. Thomas M. D.

Feb 9 1916 (Address) 1248 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Feb 12, 1916.

20-UNDERTAKER H. Gander Sons ADDRESS 1700 East N

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92166

Hyhken

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92166

CERTIFICATE OF DEATH.

56

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St. B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hyhken

(Residence in Baltimore: No. 303 S. Central Ave St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1864 (Year)

7-AGE, 52 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed FEB 10 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Feb 8 1916, that I saw h... in alive on Feb 8 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

Delirium Tremens

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Ernest Paul Kreger M. D.

Feb 8, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? 303 Central Ave

Former or usual residence 303 Central Ave

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL. FEB 9 - 1916, 191...

20-UNDERTAKER ADDRESS

Commissioner of Health,

FOR ANATOMICAL PURPOSES.

C92167

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C92167

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Harlem Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bingon Coleman

(Residence in Baltimore: No. 1830 Harlem Ave" St.; 40 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	single

6-DATE OF BIRTH Nov. 22, 1844
(Month) (Day) (Year)

7-AGE 71 yrs. 2 mos. 18 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Darius Coleman

11-BIRTHPLACE OF FATHER (State or country) maryland

12-MAIDEN NAME OF MOTHER Elizabeth Bingon Coleman

13-BIRTHPLACE OF MOTHER (State or country) maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Watson

(Address) 1830 Harlem Av

15-

FEB 10 1916 HARRY O ANDREWS,
Filed ..... 191 Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27, 1916, to Feb 9 1916, that I saw h.. alive on Feb 9 1916, and that death occurred, on the date stated above, at 12 o'clock m.

The CAUSE OF DEATH* was as follows:

L G Grippe

2 wks (Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Endocarditis,

5 (Duration) ... yrs. ... mos. 1 ds.

(Signed) Edw C Bubert M. D.

Feb 9th 1916 [Address] 1529 N. Fulton Av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb. 11, 1916

20-UNDERTAKER George J Smith

ADDRESS 1535 W Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92168

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

REGISTERED No. C 92168

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 315 N. Carey ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret J. Tarleton

(Residence in Baltimore: No. 315 N. Carey St.; 44 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH October 4, 1832 (Month) (Day) (Year)

7 AGE 83 yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work housewife at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER William Wright

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James R Tarleton

(Address) 315 N Carey St

15. Filed FEB 10 1916 19 HARRY O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1916, to Feb 9 1916, that I saw her alive on Feb 9 —, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

— (Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY)

— (Duration) yrs. mos. ds.

(Signed) John J. Kurig M. D.

Feb 10 1919 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb 12, 1916
20 UNDERTAKER	ADDRESS
George J Smith	1000 N Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92169

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 273 N. Carey St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Truman Wilbur Romans

(Residence in Baltimore: No. 273 N. Carey St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 9 (Day), 1844 (Year)

7-AGE: 71 yrs. 10 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Mail Carrier 55
(b) General nature of industry, business, or establishment in which employed (or employer): (in Baltimore City) Post Office

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: Thomas Romans

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Eby, —Smithson

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A Romans

(Address) 273 N Carey St

15-

Filed FEB 10 1916, 191

BABBIT C. ALLEN, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7, 191 6, to Feb 9, 191 6, that I saw him alive on Feb 8, 191 6, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 20 ds.

Contributory (SECONDARY): Fortunes

(Duration) yrs. mos. 14 ds.

(Signed) Nathell M. D.

Feb 9, 1916. [Address] Irvington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb. 13, 1916

20-UNDERTAKER: George J. Smith — ADDRESS: 1830 Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92170 C92170

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Landay

(Residence in Baltimore: No. 812 S Paca St.; 18 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 52 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 812 S Paca St

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, David Landay

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz Landay

(Address) 812 S Paca St

15-

FEB 10 1916 HARRY O. ARCHERS,

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1916, to Feb 10 1916, that I saw h[illegible] alive on Feb 9 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Cardiac dilatation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) M C Anderson M. D.

2/10, 1916 (Address) 812 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Western Ground DATE OF BURIAL, Feb. 11, 1916

20-UNDERTAKER J. Levinson & Bro. ADDRESS 110 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92171 C92171

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 8 ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lewis

(Residence in Baltimore: No. 429 Pulaski St St.; 25 yrs. ~ mos. ~ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Unknown ....., 18.62
(Month) (Day) (Year)

7-AGE, 54 yrs. ~ mos. ~ ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(informant) Ate Lewis

(Address) 429 S. Pulaski st

15-

Filed FEB 10 1916, 191.. HARRY O. ANDREWS, Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) ..10.... (Day), 191.6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 191 6., to Feb 10 191 6., that I saw h.r alive on Feb 10 191 6., and that death occurred, on the date stated above, at 12 30 P.m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

.....

.....

..... (Duration).....yrs.....mos....3....ds.

CONTRIBUTORY (Secondary) ..... None .....

..... (Duration).....yrs.....mos.....ds.

(Signed) P. T. Russell M. D.

2-10....., 191.6 (Address) Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos. 1 ds. In the State 25 yrs. unknown mos.....ds.

Where was disease contracted, if not at place of death? 429 Pulaski St

Former or usual residence 429 Pulaski St

19-PLACE OF BURIAL OR REMOVAL, Hebron Washington Rd | DATE OF BURIAL, Feb 12, 191.6

20-UNDERTAKER D. Tillman & Bro | ADDRESS Notice

Spec.—8-24-14—M. & T.—2000 Bks.

C92172

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1386 Stockton St. 15 WARD) REGISTERED No. C 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth White

(Residence in Baltimore: No. 1386 Stockton St St.; ....yrs., 1 mos. ....da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	married

6-DATE OF BIRTH, Unknown ....., 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ashby Hyde

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beaux Strange

(Address) 1386 Stockton St

15- FEB 10 1916 HARRY O. ANDREWS,
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916. to July 8 1916, that I saw h er alive on July 7 1916, and that death occurred, on the date stated above, at 1 1 1/2 m.

The CAUSE OF DEATH* was as follows:

Hypostasis of Chronic Endocarditis

Duration ..... (Duration) ....yrs. 6 mos. ....da.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....da.

(Signed) Chas. T. Chaplin M. D.

July 8, 1916 (Address) 548 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Emancake Mkt	Feb. 11, 1916.

20-UNDERTAKER Emmanuel Co ADDRESS
Jenkins Dunn 1303 Division

Spec.—8-24-14—M. & T.—2000 Bks.

C92173

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92173

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospl ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Webb.

(Residence in Baltimore: No. 1122 Druid Hill Ave. St.; ..... yrs., 11 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Jan (Month) 9 (Day), 1913 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, John Webb

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anne Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Robinson

(Address) 1122 Druid Hill

15-

Filed FEB 10 1916, 191.....

HARRY O. ANDREWS,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 9th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from ..... Jan. 26th 1916, to Feb 9th 1916, that I saw him alive on Feb 9th 1916, and that death occurred, on the date stated above, at 8.50a. m.

The CAUSE OF DEATH* was as follows:

..... Bronchio-Pneumonia.

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Rickets

..... (Duration) ..... yrs. 11 mos. ..... ds.

(Signed) Frank E. Shipley M. D.

Feb 9th 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. 11 mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1122 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Feb 10, 1916
20-UNDERTAKER	ADDRESS
James H. Dawson	133 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92174

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1418 Druid Hill Ave, ST.; 14 WARD) REGISTERED NO. C92174

2-FULL NAME Mary E Warrington, (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1418 Druid Hill Ave, St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Alfred Valentine

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catalina Walters

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Hayman

(Address) 1418 Druid Hill Ave

15-

Filed FEB 10 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 8th, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28th 191 6, to Feb 8th 191 6, that I saw h[illegible] alive on Feb 7th 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Morbus 2

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) A. Lee Hart M. D.

Feb 9, 1916. (Address) 924 Mad Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb 11, 1916

20-UNDERTAKER John A. Bush — ADDRESS 110 E Biddle

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92175

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 503 Robert St.) 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Hasty

(Residence in Baltimore: No. 503 Robert St.; 3 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, May (Month) — (Day) 1856 (Year)

Judge 60th yrs. mos. ds.

If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper 823
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Clara Lowthrop

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Hasty

(Address) 503 Robert St.

15-

Filed FEB 10 1916, 191. HARRY O. ANDREWS, Special Record Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 9, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 9 1916, that I saw her alive on Feb 9 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Deficient Kidney action & Senility

(Duration) yrs. 2 mos. ds.

(Signed) Edward Shorb M. D.

Feb 9, 191 6 (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Marshville, N. C. DATE OF BURIAL, Feb. 10, 191 6

20-UNDERTAKER Scott Holland ADDRESS 617 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 8 Washington ST.; 7 WARD) REGISTERED No. C

2-FULL NAME Arnold J. Holste

(Residence in Baltimore: No. 505 S. Washington St.; 63 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Nov. 9, 1825
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
90 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Mfg
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ricka Holste

(Address) 505 S. Washington St.

15- FEB 10 1916 HARRY O. ANDREWS,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1915, to Feb 9 1916, that I saw him alive on Feb. 7 1916, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Cystic Glandular Epithelioma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 1 yrs. mos. dy.

(Signed) Chas. Heller M. D.

Feb 9, 1916 (Address) 937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery	Feb 13, 1916.
20-UNDERTAKER Lilly Julia	ADDRESS 403 S. Howard

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092177 6 092177

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 329 S. Durham ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret H. Crisp

(Residence in Baltimore: No. 329 S. Durham St St.; 1 yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 25, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jos. Crisp

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Margaret E. Broughton

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Crisp

(Address) 329 S. Durham St

15- FEB 10 1916

Filed....., 191... [illegible] Clerk

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 9 1916, to Feb. 9 1916, that I saw her alive on Feb. 9 1916., and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ....yrs. ....mos. 14 ds.

(Signed) [illegible] M. D.

2-10, 191... (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Feb. 10, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 N. Hope St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92178

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C92178

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 509 W. 27th St. St. 17th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bridget Anna Rafferty.

(Residence in Baltimore: No. 509 W. 27th St.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed.

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1851 (Year)

7 AGE: 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9 BIRTHPLACE (State or country): Balto- Md.

PARENTS

10 NAME OF FATHER: Patrick Daley.

11 BIRTHPLACE OF FATHER (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary McDermott

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Rafferty

(Address) 509 W. 27th St.

15 Filed FEB 10 1916, 191 ROBERT . KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1915, to Feb 9 1916, that I saw h[er] alive on Feb 5, 1916, and that death occurred, on the date stated above, at 2'45 (am)

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency.

(Duration) yrs. ? mos. ds

Contributory (SECONDARY) Nephritis? Chronic?

(Duration) yrs. mos. ds.

(Signed) Roscoe Woodall MD

Feb 10, 1916 (Address) 1438 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Texas Balto Co Md

DATE OF BURIAL: Feb 12, 1916

20 UNDERTAKER: E. A. Wiedefeld & Bro

ADDRESS: 211 E. Lexington St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92179) (92179)

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH 6. REGISTERED NO. C

CITY OF BALTIMORE: (No. 221-25 st E/n ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary Kosman

(Residence in Baltimore: No. 221-25st E/S St.; 64 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frederick Kosman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ann Goodwin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Caroll

(Address) 221 E 25th St.

15- Filed FEB 10 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 / 9 / 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/25 1915, to 2/9 1916

that I saw her alive on 2/9 1916

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Bronchial)
(Duration) yrs. mos. 4 6 ds.

CONTRIBUTORY (Secondary) Syncope from
(Duration) yrs. mos. ds.

(Signed) A. Kenley Council M. D.

2/10, 1916 (Address) 1501 N Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb 11, 1916

20-UNDERTAKER C. A. Kindefield — ADDRESS Gwynn Oak

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C82180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C82180

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Stamp

(Residence in Baltimore: No. 715 W. Barre St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1866 (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER: Mc Clatche
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robert W. Stamp
(Address) 715 Barre St.

15- Filed FEB 10 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm M. Savage M. D. (Coroner.)

Feb 9, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 715 W. Barre

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Feb 11, 1916

20-UNDERTAKER Chas. T. Wasmus ADDRESS 217 N. Fulton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92181

64 C92181

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2513 N. North ave ST.: 70 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Josephine R. Kettlewell

(Residence in Baltimore: No. 2513 N. North ave St.: life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Female White

5 ~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: June 27 1a, 1847 (Month) (Day) (Year)

7 AGE: 68. yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Joseph B. Cole

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Read

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adah R. Kettlewell

(Address) 2513 N. North Ave

15 Filed FEB 10 1916, 191 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 9 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1916, to, Feb 9 1916, that I saw h~~er~~ alive on Feb 9, 1916, and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), C Hutson Smith M. D.

Feb 10, 1916 (Address) 811 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Feby. 11, 1916

20 UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 1201 W Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92182 — 82 — C92182

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2849 Prospect St St.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Frederick Green

(Residence in Baltimore: No. 2849 Prospect St St.: Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. 8, 1823 (Month) (Day) (Year)

7-AGE: 92 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter (House) 18
(b) General nature of industry, business, or establishment in which employed (or employer): Employee.

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Geo Green

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda F. Green

(Address) 2849 Prospect St.

15. FEB 10 1916 Filed ....., 191. ROBERT . KRAUTER, Clerk Circuit Court
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1916, to Feby 9 1916, that I saw h[er] alive on July 4, 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis, Cerebral thrombosis, Chronic kidney disease

(Duration) 15 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cerebral thrombosis, recurrent - pneumonia -

(Duration) ..... yrs. ..... mos. 20 ds.

(Signed) A A Burtasty M. D.

Feby 10, 1916 (Address) 3 W Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: 2-11, 1916

20-UNDERTAKER: H. C. Browning Son

ADDRESS: 517 N. Schroeder St

Spec —8-24-14—M. & T.—2000 Blks.

C92183 HEALTH DEPARTMENT—CITY OF BALTIMORE C92183

CERTIFICATE OF DEATH. 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Barnes ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Janda

(Residence in Baltimore: No. 1634 Barnes St.; 35 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Not Known ..... 1 .....
(Month) (Day) (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jacob Janda

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Melichar

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Janda

(Address) 1634 Barnes St

15- FEB 10 1916 ROBERT . KRAUTHER, 191 ..... Registrar.
Filed.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 6 1916 to February 9 1916, that I saw h~~e~~ alive on Feb 8th 1916 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis Pulmonales .....

.....

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion .....

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) ..... C. E. Eddy ..... M. D.

Feb 9, 1916. (Address) ..... W. Fayette .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb 11 1916

20-UNDERTAKER	ADDRESS
Frank Leach Jr	1904 E. Lord

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92184 92184

92 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.) 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Feinberg

(Residence in Baltimore: No. 109 Albemarle St ST.; 19 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Edelstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaiah Feinberg

(Address) 109 Albemarle st

15- ROBERT J. BRADHAM, Burial Permit Clerk

Filed FEB 10 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 3 1916, to February 10 1916, that I saw h.. alive on February 10 1916, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) ....yrs. ....mos. 1 ds.

(Signed) I. Marcus Ostrom M. D.

February 10 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. 8 ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? 109 Albemarle st

Former or usual residence 109 Albemarl st

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Mt Carmel Cmty	Feb 10, 1916
20-UNDERTAKER	ADDRESS
S. Levinson & Bro	1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

092185 092185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Spring ST.) 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Boston

(Residence in Baltimore: No. 215 N. Spring St.; 32 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 54 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 6th
(b) General nature of industry, business, or establishment in which employed (or employer)..... Horse Driver

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Boston

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Annie Brooms

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Boston

(Address) 215 N. Spring St.

15- Filed FEB 11 1916, 191.....

HARRY G. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 8, ..., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1916, to Feb. 8 1916, that I saw h im alive on Feb. 8 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

..... Influenza a .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) ..... M. D.

2/9/, 191. (Address) 611 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Feb. 12, 1916.

20-UNDERTAKER R. E. Gross

ADDRESS 1405 McElderry St

C92186

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C92186

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1130 May St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Banks

(Residence in Baltimore: No. 1130 May St. 5 yrs. 9 mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sep 15 (Month) (Day), 1894 (Year)

7-AGE: 21 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore 50th

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: James Banks

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizabeth Gordon

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alan Baker

(Address) 1128 May St.

15- FEB 11 1916 Filed ..... 191 HARRY C. ANDREWS, Vital Statistics Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3, 1916, to, Feb 9 1916, that I saw him alive on Feb 9 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 2 yrs ... mos. 7 ds.

Contributory (SECONDARY) Grippe 7

(Duration) ... yrs ... mos. 2 ds.

(Signed) W J Baylis M. D.

Feb. 10, 1916 [Address] Fitzhugh

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lynchburg Va

DATE OF BURIAL: Feb 11 1916

20-UNDERTAKER

ADDRESS: R D Groth 1400 Mercedes St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92187

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92187

REGISTERED No. C 41

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 614 N Howard St ST 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Edward Moseley-

(Residence in Baltimore: No. 614 N Howard St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6 DATE OF BIRTH May 22, 1848 (Month) (Day) (Year)

7 AGE 67 yrs. 8 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Pelham Mass-

PARENTS

10 NAME OF FATHER Chas - Mosley-

11 BIRTHPLACE OF FATHER (State or country) Mass

12 MAIDEN NAME OF MOTHER Foster

13 BIRTHPLACE OF MOTHER (State or country) Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Mosley

(Address) 614 N. Howard St. Balt.

15 Filed FEB 11 1916, 191 HARRY O ARLANDS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 10 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March, 1915 to Feb. 10 1916 that I saw h[illegible]live on Feb 16, 1916 and that death occurred, on the date stated above, at 12 15 p m.
The CAUSE OF DEATH* was as follows:

Hæmatemesis due to Cancer of Bowel Chronic. Diagnosed E (Duration) 1 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Robt W. Johnson M. D.
Feb 10, 1916 (Address) 101 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State 40 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Feby 13th, 1916.

20 UNDERTAKER: Wm. Foulkrod & Henry W. Jenkins Sons 60 Orchard Sts.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C92188

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92188

CERTIFICATE OF DEATH.

54

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N Calvert ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grandison Ball

(Residence in Baltimore: No. 540 N Calvert St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Aug. 1 ~~1855~~ 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter Stemmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Factory for 31 yrs.

9-BIRTHPLACE, (State or Country), Port Tobacco Chas Co Md

PARENTS.

10-NAME OF FATHER, Grandison Ball Sen

11-BIRTHPLACE OF FATHER (State or Country) Chas Co Port Tobacco

12-MAIDEN NAME OF MOTHER Lucy Ball

13-BIRTHPLACE OF MOTHER (State or Country) Port Tobacco Chas Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Simpson Conner

(Address) 246 N Amity St

15- FEB 11 1916 MARY O ARGENS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 8 (Month) 8 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~191~~ Feb 3 1916, that I saw him alive on Feb 8 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure from impoverished blood and malnutrition

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Malnutrition and Anaemia

(Duration) ~~1~~ mos. 1 ds.

(Signed) A. P. Kerlin M. D.

Feb 9, 1916 (Address) 618 N Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Feb 11, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 1128 Lombard

(over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92189 C92189

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 E 20 St ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Noyes.

(Residence in Baltimore: No. 210 E 20th St ST.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married.

6-DATE OF BIRTH, April (Month) 13 (Day) 1838 (Year)

7-AGE, 77 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Secretary
(b) General nature of industry, business, or establishment in which employed (or employer)..... Life Ins. Co. 917

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Enoch Noyes

11-BIRTHPLACE OF FATHER (State or Country), Vermont.

12-MAIDEN NAME OF MOTHER Scharletta Church

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary D. Noyes.

(Address) 210 E. 20 Street

15-

Filed FEB 11 1916, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 191 6, to Feb 9th 191 6, that I saw h~~im~~ alive on Feb 9th 191 6, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar, Infection of Kidneys & Bladder

..... (Duration) Three weeks yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Enlarged Prostate

..... (Duration) Several yrs. ..... mos. ..... ds.

(Signed) Wm Hallock White M. D.

Feb 9th, 1916. (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 11, 1916.

20-UNDERTAKER William Cook ADDRESS 502 E Northam

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92190

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92190

CERTIFICATE OF DEATH.

172

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 Glenwood Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Eisler

(Residence in Baltimore: No. 1516 Glenwood Ave.

St., — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, May 16, 1851
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 8 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 210
(b) General nature of industry, business, or establishment in which employed (or employer): Baker

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Emanuel Eisler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Eisler

(Address) Rossville Md.

15- Filed FEB 11 1916, 191.... FEB 11 1916

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

1 to 2 nd Contact

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accident

Fell down stairs

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Harry L. Heuisler M. D.

(Coroner)

Feb 9, 1916 (Address) 3642 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Feb 12 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 W Lexington

(over)

C92101 C92101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 679 Clement ST. 24 WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kuhn

(Residence in Baltimore: No. 679 Clement St St. 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Unknown (Month) ..... / (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
78 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Watchman 702
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Oil Works

9-BIRTHPLACE, (State or Country),
Petersburg Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Martin Woomer

(Address) ..... 679 Clement St

15- FILED FEB 11 1916 BUREAU OF VITAL STATISTICS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epithelial Carcinoma
Back of Neck
(Duration) ..... yrs. 6 mos. ..... ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Edw. Coleman M. D.
(Coroner.)

Feb 10, 1916 (Address) 517 North St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 12, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E. North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92192

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92192

CERTIFICATE OF DEATH.

102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover Hosp. ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Gross

(Residence in Baltimore: No. 101 Hughes St. St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH, Unknown, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Silas Gross

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Margaret Jane

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address).....

15-FEB 11 1916 HARRY O ARCHERS,

Filed....., 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to Feb 10 1916, that I saw h[illegible] alive on Feb 10 1916, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(Duration) Unknown mos. ds.

(Signed) W. Hamilton Tolson M. D.

Feb 11, 1916. (Address) Hanover St Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 2 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 101 Hughes St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Feb 12, 1916
20-UNDERTAKER	**ADDRESS**
R I Parham	836 George St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Stan. No. C92193 10 C92193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Eastern Ave ST. 3rd WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cosimo Palmisano

(Residence in Baltimore: No. 805 Eastern Ave St., 29 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1842 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 4 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Horse .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Palmisano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Josephine Catanzaro

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna M. Palmisano

(Address) 805 Eastern ave

15-

Filed ....., 191.... Burial Permit ..... Registrar.

FEB 11 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb 9 1916, that I saw him alive on Feb 9 1916, and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 1 yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. 3 mos. 4 ds.

(Signed) C. I. Palmisano M. D.

Feb. 9, 1916. (Address) 316 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
New Cathedral Cemetery	February 11, 1916.
20-UNDERTAKER	ADDRESS
Riddell Appel & Ford	37 S. Arnold St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

C92194 HEALTH DEPARTMENT—CITY OF BALTIMORE C92194

CERTIFICATE OF DEATH. 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Battery Ave ST.; 24th WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C Wagner

(Residence in Baltimore: No. 1207 Battery Ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, October 25th, 1847 (Month) (Day) (Year)

7-AGE, 68 yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): in Market

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE ~~IS~~ TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances V Thompson

(Address) 1209 Battery Ave

15- Filed FEB 11 1916 HARRY O. ANDREWS, 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 8th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1915, to Feb 8, 1916, that I saw h[er] alive on Feb 7, 1916, and that death occurred, on the date stated above, at 6 40 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Gangrene

(Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. ..... mos. ..... ds.

(Signed) J. C. Feuchtwein M. D.

Feb 8, 1916. (Address) 645 Columbus Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	2-11th, 191.6

20-UNDERTAKER	ADDRESS
E & B Harle	115 E Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Eastern & Winder St. ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J Schmall

(Residence in Baltimore: No. 1007 Eastern St 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb (Month) 6 (Day), 1846 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 10 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cloth Turner 463
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hecht Bros

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Schmall

(Address) 1007 Eastern Ave

15-

Filed FEB 11 1916 191.... ALBERT G. ARGARNS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration 1 da

CONTRIBUTORY (Secondary) ..... (Duration).....yrs.....mos.....ds.

(Signed) Edw Gwynn M. D. (Coroner.)

Feb 11, 1916. (Address) 31 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	2-12-16

20-UNDERTAKER	ADDRESS
E & B Harle	115 E Mead St

Spec.—8-24-14—M. & T.—2000 Bks.

C92196 C92196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Eutaw Place Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Skelton

(Residence in Baltimore: No. 1 E. Paul St St.; 3 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Single

6-DATE OF BIRTH, ... November, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 4 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FEB 11 1916 MARKED AS VOID
Filed....., 191... Burial Permit Not Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 8 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to Feb 8 191 6, that I saw h.r alive on Feb 7 191 6, and that death occurred, on the date stated above, at ..... a m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

.....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Ulcerative Stomatitis

..... (Duration) ..... yrs. ..... mos. 1 7 ds.

(Signed) W Friedenwald M. D.

Feb 8, 191 6 (Address) 1616 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 6 mos. ds. In the State 3 yrs. 4 mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	FEB 10 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92197

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92197

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 105 S. Carey ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dozis Meicks

(Residence in Baltimore: No. 105 S. Carey St.; 6 yrs., 6 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day), 1915 (Year)

7-AGE, ...yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Milton C. Meicks

11-BIRTHPLACE OF FATHER (State or Country). Kentucky

12-MAIDEN NAME OF MOTHER Johanna A. Burns

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Johanna A Meicks

(Address).....105 S. Carey St.

15- FEB 11 1916 BUREAU OF VITAL STATISTICS

Filed....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Feb 9 1916, that I saw her alive on Feb 8 1916, and that death occurred, on the date stated above, at 12-30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. About 6 wks.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry C. Wyle M. D.

Feb 9, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Feb 13, 1916

20-UNDERTAKER John J. Fields

ADDRESS 1200 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92198 C92198 C92198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 8

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1100 McCulloh ST.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henri Lemonnier

(Residence in Baltimore: No. 1100 McCulloh St ..... St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October (Month) 25 (Day), 1842 (Year)

7-AGE, 73 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher of French
(b) General nature of industry, business, or establishment in which employed (or employer): 775

9-BIRTHPLACE, (State or Country), Calvados — France

PARENTS.

10-NAME OF FATHER, Louis Lemonnier

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Celina Bazire

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Chas Lemonnier
(Address) 1100 Mc Culloh St.

15- Filed FEB 11 1916, 191.. BARRY C. BURNS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25 1916, to Feb. 8 1916, that I saw him alive on Feb. 8 1916, and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH* was as follows:
Acute cardiac failure
Probably Angina Pectoris
(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) M. H. Todd M. D.
Feb. 10, 1916 (Address) 1225 Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. 1 mos. .... ds. In the State 73 yrs. 11 mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence France

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, FEB. 10 1916

20-UNDERTAKER ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8

C92199

CERTIFICATE OF DEATH.

C92199

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 945 Walmut street, ST. 17 WARD)

2-FULL NAME Mary ? Lucas,

(Residence in Baltimore: No. 945 Walmut street,

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St 3 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ...Unknown,.... (Month) ...., (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Lorenzo Wyner,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Mamie Lucas,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hall, friend,

(Address) 945 Walmut street.

15- FEB 11 1916 HARRY O [illegible], Registrar.

Filed....., 191.... Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...February....9th., 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) did that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Broncho-pneumonia,.....

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pertussis,

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) J. Frederick Kempel, M. D. (Coroner.)

Feb. 10, 191.6 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL.	FEB 11 1916 ....., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

C92200

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C92200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Light St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wennstrad

(Residence in Baltimore: No. 1819 Light St.; St.: 15 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 2, 1848 (Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kelyn

(Address) 1819 Light St

15- FEB 11 1916 Filed ....., 191.... HARRY O. ANDREWS, BURIAL PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 9 1916, that I saw h er alive on Feb 8 1916, and that death occurred, on the date stated above, at 4 A 'm.

The CAUSE OF DEATH* was as follows: Apoplexy

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 3 mos. 7 ds.

(Signed) J. F. Williams M. D.

Feb 9 1916. (Address) 1 E. Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lowdon Park Cemetery	Feb 11, 191..
20-UNDERTAKER Mayhew Sons	ADDRESS 1418 Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C9220[illegible]

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 C9220[illegible]

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N Duncan ST.: 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margareth Butler

(Residence in Baltimore: No. 928 N Duncan St St.; ..... yrs. ..... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Infant

6-DATE OF BIRTH: Jan (Month) 22nd (Day) 1916 (Year)

7-AGE: ..... yrs. ..... mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Leo Butler

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Annie Brandt

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mollie McCauley

(Address) 928 N. Duncan St

15- [illegible]

Filed FEB 12 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 10 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from from Feb 9th, 1915, to, February 10 1916, that I saw h[illegible] alive on February 9th 1916, and that death occurred, on the date stated above, at at office 9 15 p.m.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs ..... mos. 20 ds.

Contributory (SECONDARY) acute Bronchitis (Duration) ..... yrs ..... mos. 2 ds.

(Signed) Thomas J Sinnott M.D.

February 11 1916. [Address] 1025 W Mulberry

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: Feb 11th 1916

20-UNDERTAKER: Leo G. Crook ADDRESS 1106 N Patterson Pk Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(92202) 10 (92202)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Roland Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl E. Wisner

(Residence in Baltimore: No. 3617 Roland Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Aug. (Month) 9 (Day), 1899 (Year)

7-AGE: 16 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Clarence Wisner

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER: Ida Wilmore

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ida Wisner

(Address) 3617 Roland Ave

15- FEB 12 1916 Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 2nd, 1916, to, Feby 9th 1916, that I saw h[illegible] alive on Feby 8th 1916, and that death occurred, on the date stated above, at 10-30 P.m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ..... yrs ..... mos. 8 ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W. A. Fales M. D.

Feby 10th, 1916. [Address] 12 E 25th

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hampstead Carroll Co. DATE OF BURIAL: Feb 13, 1916

20-UNDERTAKER: 3539 Falls Road A.S. Marshall ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C92203

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 16 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Babb.

(Residence in Baltimore: No. 1018 N. Carey St., St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May (Month) 17 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John E. Babb

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie E. Hewson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Albert Babb
(Address) 2018 Division St

15-
Filed FEB 12 1916 ROBERT J. KRAUTER, 1914 at Permit Clerk's Office
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7th 1916, to Feb 11th 1916, that I saw him alive on Feb 11th 1916, and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank E. Hopkins M. D.
Feb 11, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence 1018 N. Carey St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	Feb 11, 1916
20-UNDERTAKER Geo A Holland	ADDRESS 517 Roberts St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92204

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92204

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Monmonier

(Residence in Baltimore: No. 824 N. Calvert St.; 38 yrs.,.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 8th, 1827.
(Month) (Day) (Year)

7-AGE, 88 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Francis Monmonier

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Susanna Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard McSherry

(Address) 1301 St. Paul St

15-

Filed FEB 12 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1913, to Febry 10th 1916, that I saw h er alive on Febry 10th 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Richard McSherry M. D.

2/11, 1916. (Address) 1301 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	2-14..., 1916
20-UNDERTAKER	ADDRESS
H. W. Jenkins Sons Co.	Orchard & Eutaw Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92205 C92205

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 St Frances Xavier's Home St. 22 WARD) REGISTERED No. C 78

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Osborn

(Residence in Baltimore) No. 406 Post 2d St.: unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, January 1 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter & House
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edith Osborn

(Address) 757 Columbia ave

15- FEB 12 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Coroner. M. D.

Feb 12, 1916 (Address) 15 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 74 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 40 E. York Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Feb 12, 1916
20-UNDERTAKER	ADDRESS
Wm J. Dickey & Son	N & St ave

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92206 C92206

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospl. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Kavanaugh.

(Residence in Baltimore: No. 2636 Bernard St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 8 (Month), (Day), 1915 (Year)

7-AGE, ...yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, M. J. Kavanaugh

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kavanaugh

(Address) 2636 Bernard St.

15- Filed FEB 12 1916 ROBERT J. KRAUTER, Burial Permit Clerk. 201 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Feb 10th 1916, that I saw h.. alive on Feb 10th 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Epidemic Cerebro-Spinal Meningitis.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank E Shipley M. D.

Feb 11, 1916 (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. State 12 yrs ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2636 Bernard St.

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Feb 12 1916

20-UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Ave

N. B. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Solomon Norris

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92207 x 109 C92207

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Norris

(Residence in Baltimore: No. St Josephs Hosp. St.; ....yrs.,....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer): Owner.

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S. Chatterson

(Address) Phoenix Md

15- Filed FEB 12 1916, 191.... ROBERT . KRAUTER Registrar. BURIAL PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 10 1916, to Feby 11 1916, that I saw him alive on Feby 11th 1916, and that death occurred, on the date stated above, at 1304 m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Strangulated right inguinal hernia (Duration) ....yrs. ....mos. 6 ds.

(Signed) Helen L. Raemore M. D.

Feby 11, 1916. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. One ds. In the State 49 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Glen Arm Maryland

Former or usual residence Glen Arm Maryland

19-PLACE OF BURIAL OR REMOVAL, Glen Arm Md

DATE OF BURIAL, Feb 13, 191.6

20-UNDERTAKER Samuel Hemsley

ADDRESS 578 N Broadway

I.C.D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92208

CERTIFICATE OF DEATH.

92 C92208

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Brittingham

(Residence in Baltimore: No. 419 W. West St. St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... April (Month) 15 (Day), 1887 (Year)

7-AGE, 30 yrs. 9 mos. 25 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Somerset Co Md

PARENTS.

10-NAME OF FATHER, Wm. Brittingham

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..Daisy Brittingham
(Address)..419 W. West st

15- Filed....., 191.... Burial Permit.... Registrar.

ROBERT J. KRAUSER
FEB 12 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 9th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1916, to Feb. 9th 1916, that I saw him alive on Feb. 9th 1916, and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Frank E. Christhelf M. D.

Feb. 9th 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence 419 W. West St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery | DATE OF BURIAL. Feb. 12th 1916

20-UNDERTAKER F. A. Krause | ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92209 119 C92209

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Battery av ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert E. McCommons

(Residence in Baltimore: No. 1424 Battery av St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 16, 1858
(Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Embalmer 66
(b) General nature of industry, business, or establishment in which employed (or employer)..... Asst Undertaker

9-BIRTHPLACE, (State or Country), Bucks Md

PARENTS.

10-NAME OF FATHER, William A McCommons

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER, Martha V. Day

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. A. McCommons

(Address) 1424 Battery av

15- FEB 12 1916 Filed....., 191.... ROBERT J. KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1915, to Feb 11 1916, that I saw him alive on Feb 10 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bright's disease

..... (Duration) ...yrs. 5 mos. ...ds.

(Signed) J. F. Hartman M. D.

Feb 11, 1916. (Address) 1 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 13, 1916
20-UNDERTAKER	ADDRESS
E. J. Cunning	1424 Battery

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9210 91 C9210

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802½ N Baltimore ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Deegan

(Residence in Baltimore: No. 802½ N Baltimore St.; 45 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, April 7, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. 10 mos. 2 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. John P. Deegan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth Doon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Deegan

(Address) 802½ N Balto St

15- FEB 12 1916 ROBERT . KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb 9 1916, that I saw h- alive on Feb 8 1916, and that death occurred, on the date stated above, at 10 3/4 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) E. Hanselman M. D.

Feb 11, 1916 (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Feb 12, 1916.

20-UNDERTAKER H. C Branning Son

ADDRESS 317 N. Schroeder St

(32211

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

120 (32211

REGISTERED No. C

CITY OF BALTIMORE (No. 1817 N. Mount St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alphonso N. McGaw

(Residence in Baltimore: No. 1817 N Mount St.; 15 yrs. 0 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April (Month) 23 (Day), 1860 (Year)

7 AGE: 55 yrs. 9 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: U.S. Gauger
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor

9 BIRTHPLACE (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alphonso N. McGaw Jr

(Address) 1817 N Mount St

15 FEB 12 1916 Filed ..., 191. ROBERT ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1916, to Feb. 10 1916, that I saw him alive on Feb. 10 1916, and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from Jurgama (Duration) Months yrs. ... mos. 7 days

Contributory (SECONDARY) Acute Pneumonia (Duration) ... yrs. 7 mos. 7 days

(Signed) Louis Faught M. D.

Feb 14, 1916. (Address) 74 W. N Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 13, 1916

20 UNDERTAKER: Robt S. Little

ADDRESS: 531 N Fremont Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... is very important. See instructions on back of certificate.

C32212

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C32212
REGISTERED No. C .....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 3400 N North Av ST. 15 WARD)
(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thos. L Matthews

(Residence in Baltimore: No. 3400 N North Av St.; 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug 1, 1839 (Month) (Day) (Year)

7 AGE: 76 yrs. 6 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Matthews
11 BIRTHPLACE OF FATHER (State or country): Md
12 MAIDEN NAME OF MOTHER: Mary Lewis
13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Slaw Matthews
(Address) 3400 N North Av

FEB 12 1916 ROBERT . KRAUTER
Burial Permit Clerk
Filed ..... 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 3, 1916, to Feby 10 1916, that I saw h up alive on Feby 10, 1916, and that death occurred, on the date stated above, at 7 30 P.M.
The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia
and Pulmonary Edema
(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Myo-Failure (gradual)
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Wesley Coldwell M. D.
Feby 11, 1916 (Address) 2202 Guilford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet
DATE OF BURIAL: Feb 13, 1916

20 UNDERTAKER: Geo W Little
ADDRESS: 531 N Fremont Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92213 C92213

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Fremont ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Snyder

(Residence in Baltimore: No. 914 N. Fremont St.; 15 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Sept 28, 1828 (Month) (Day) (Year)

7-AGE: 87 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Carroll Co. Md

PARENTS.

10-NAME OF FATHER: Geo. W. Snyder

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co. Md

12-MAIDEN NAME OF MOTHER: Susan C. Albaugh

13-BIRTHPLACE OF MOTHER (State or Country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Little

(Address) 531 N Fremont

15- ROBERT J. KRAUTHER Burial Permit Clerk

Filed FEB 12 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1916, to Feb 10 1916, that I saw h[illegible] alive on Feb 10 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age,

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph T. Henry M. D.

Feb 11, 1916. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bedford, Carroll Co Md. DATE OF BURIAL, Feb 14, 1916

20-UNDERTAKER Geo W Little ADDRESS 531 N Fremont Av

Spec.—8-24-14—M. & T.—2000 Blks.

Patria Staraphondoz.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92214

79 C92214

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 7 Arch ST.; 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patria Staraphondz

(Residence in Baltimore: No. 7 arch St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... January ....., 1886
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Greece

PARENTS.

10-NAME OF FATHER, George Regnis

11-BIRTHPLACE OF FATHER (State or Country). Greece

12-MAIDEN NAME OF MOTHER Stamadiop

13-BIRTHPLACE OF MOTHER (State or Country). Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Husband .....

(Address)..... 7 Arch St. .....

15- FEB 12 1916 ROBERT . KRAUTER
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1916, to Feb 11 1916, that I saw her alive on Feb 11th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1. Chronic Valvular heart disease

..... (Duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... Henry Glassman ..... M. D.

Feb 11, 191.6 (Address) 1747 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, 2/12, 191.6

20-UNDERTAKER Robt Brooks & Son — ADDRESS Calhoun & Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92215

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92215

91

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 111 Fabiano St. ST.; 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lloyd Price

(Residence in Baltimore: No. 111 Osborne st ST.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	Colored	Single

6 DATE OF BIRTH: Aug (Month) 5 (Day), 1915 (Year)

7 AGE: ..... yrs. 6 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Lewis Price

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Smith (Mother)

(Address) 111 Osborne st

15. FEB 12 1916 Filed ..... 191 .....

GABRIEL C. ADLERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1916, to Feby 10 1916, that I saw him alive on Feby 9, 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Broncho-)

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. G. Smith M. D.

Feby 10, 1916 (Address) 123 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn et — DATE OF BURIAL: Feb 12, 1916

20 UNDERTAKER: L. L. Brown & Son — ADDRESS: 108 W. Monument St

N. B.—Every item of information should be carefully supplied. A state CAUSE OF DEATH in plain terms, so that it may be is very important. See instructions on back of certificate.

WHITE PERMIT, WITH UNFADING INK — THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92216

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Mulliken) ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Patterson

(Residence in Baltimore: No. 1638 Mulliken St.: Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July (Month) 25 (Day), 1848 (Year)

7-AGE, 67 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker 366
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Patterson

(Address) 1533 McElderry St

15-

FEB 12 1916 HARRY O. MILLER,

Filed ....., 191.. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1916, to Feb 10 1916, that I saw h in alive on Feb 9 1916, and that death occurred, on the date stated above, at 3.10 PM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

Influenza (Duration) — yrs. — mos. 7 ds.

(Signed) Richard Eveling M. D.

Feb 10, 1916 (Address) 1514 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Elm	Feb. 13, 1916

20-UNDERTAKER	ADDRESS
John W Henderson	31 N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

C92217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92217

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 160 East St. 5 ST.) WARD) REGISTERED NO. C 79

2-FULL NAME Minnie Gibson

(Residence in Baltimore: No. 160 East St. St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Feb. 12, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework (at Home)
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wilson Green

11-BIRTHPLACE OF FATHER (State or Country), D. C

12-MAIDEN NAME OF MOTHER Eliza Barber

13-BIRTHPLACE OF MOTHER (State or Country), D. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bertha Singleton
(Address) 160 East St.

15-
Filed FEB 12 1916, 191. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to Feb 10 1916, that I saw h[er] alive on Feb 8 1916, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Mitral Insufficiency & Regurgitation
(Duration) Died Sudden yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edward H. Smith M. D.
Feb. 11, 1916. (Address) Mt. Airy Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 160 East St
Former or usual residence 160 East St

19-PLACE OF BURIAL OR REMOVAL, Laurel Elm — DATE OF BURIAL, Feb. 12, 1916

20-UNDERTAKER John W Henderson — ADDRESS 317 Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92218

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 C92218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Baldeis ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Gause

(Residence in Baltimore: No. 1018 Baldeis St.; 24 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 2nd (Month) (Day), 1861 (Year)

7-AGE, 54 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 27

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Gause

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ulrich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Gause

(Address) 1018 Baldeis St

15- Filed FEB 12 1916, 191.. HARRY G ARLBERG Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1915, to Feb 10 1916, that I saw him alive on Jan 28 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

(Duration) 10 yrs. mos. ds.

(Signed) John G Schwarzenberg M. D.

2-11-, 1916. (Address) 1120 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 13th, 1916.

20-UNDERTAKER Mrs Mrs John H. Deupf

ADDRESS 804 N. Fayette St

C92219

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92219

CERTIFICATE OF DEATH

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Aged Men & Women Home (Old) St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Johnson.

(Residence in Baltimore: No. 1622 Druid Hill Ave. St. 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: ——— (Month) ——— (Day) 1837 (Year)

7-AGE: 79 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Pulley

(Address) 1622 Druid Hill Ave

15- FEB 12 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to Feb 10 1916, that I saw him alive on Feb 9, 1916, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Interstitial Nephritis

(Duration) 1 yrs. mos. 10 ds.

(Signed) Chas. V. Fitzgerald M. D.

Feb. 11, 1916 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. mos. ds. In the State 79 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Feb 12, 1916

20-UNDERTAKER: John A Toadvine ADDRESS: Frederick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92220 — 92 — C92220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Strieker ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. L. Rohr

(Residence in Baltimore: No. 407 N. Strieker St.; 33 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 14 (Day), 1883 (Year)

7-AGE, 32 yrs. 6 mos. 0 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Luther L. Wood

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Melinda Shipe

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David L. Rohr

(Address) 407 N. Strieker St.

15-

Filed FEB 12 1916, 191.. BUREAU OF VITAL STATISTICS. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 11 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1916, to Feb 11 1916, that I saw h.er alive on Feb. 10th 1916, and that death occurred, on the date stated above, at 1 20 p. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

(Signed) G. H. Guyton M. D.

Feb. 11, 1916 (Address) 301 East Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. — DATE OF BURIAL, Feb. 14, 1916

20-UNDERTAKER Jos. Jourdens, Jun — ADDRESS 217 S. Pace

Spec.—8-24-14—M. & T.—2000 Bks.

C92221

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92221

54

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Taylor Addison

(Residence in Baltimore: No. 232 N Calhoun St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 20 (Day), 1850 (Year)

7-AGE, 65 yrs. 8 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 2 yrs.

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, H Addison

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kalhoun Addison

(Address) 232 N Calhoun St.

15-

Filed FEB 12 1916, 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Feb 9 1916, that I saw h[im] alive on Feb 8 1916, and that death occurred, on the date stated above, at 1630 m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Osteomelitis

(Duration) 4 yrs. mos. ds.

(Signed) John A Chaney M. D.

191... (Address) 101 N Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westlawn Cem

DATE OF BURIAL, Feb 12, 191..

20-UNDERTAKER H Fleckner & Son

ADDRESS Pimlico Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092222 092222

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 E. Baltimore ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl F. Dorsey

(Residence in Baltimore: No. 2223 E. Baltimore St.; 1 yrs., mos. ds.)

R. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 19, 1895
(Month) (Day) (Year)

7-AGE, 20 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Mill

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. E. Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E. Frederick

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Dorsey

(Address) 2223 E. Balto St.

15-

Filed FEB 12 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 10 1916, that I saw h[illegible]elive on Feb 10 1916, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Spiedall M. D.

Feb 11, 1916. (Address) 2112 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wood Lawn	Feb 13, 1916
20-UNDERTAKER	**ADDRESS**
H. Sander & Sons	1210 Fulton

Spec.—8-24-16—M. & T.—2000 Bks.

C92223

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92223

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Eastern Ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Nicoll

(Residence in Baltimore: No. 1911 Eastern Ave St.: 6/20 yrs. mos. ds.)

D

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, ... July 17, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 264
(b) General nature of industry, business, or establishment in which employed (or employer)..... Copper Works

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm Nicoll

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Ellen Meads

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Nicoll

(Address) 1911 Eastern Ave

15- FEB 12 1916 HARRY O. ROGERS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 13, 1915, to February 10, 1916, that I saw h.. alive on February 7, 1916, and that death occurred, on the date stated above, at 4:25 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 3 ds.

(Signed) C. D. Stephenson M. D.

February 14 1916. (Address) 4045 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Feb 13, 191..
20-UNDERTAKER H. Sander O'Sons	ADDRESS 1210 Pulaski St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3244—M. & T.—2500 lots.

C92224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Harlem Ave ST.; 16 WARD)

REGISTERED No. C

2-FULL NAME Joseph L. Bowen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1112 Harlem Ave. St.; 69 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 22, 1846 (Month) (Day) (Year)

7-AGE, 82 yrs. 2 mos. 20 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella B. Bowen

(Address) 1112 Harlem Ave

15- FEB 12 1916 Filed, 191. SARAH O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 4th 1916, to February 11th 1916, that I saw him alive on February 11th 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Howard Kelly M. D.

Feby. 12, 1916. (Address) 701 N. Carroll St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemty — DATE OF BURIAL, Feby. 13, 1916.

20-UNDERTAKER E. M. Mitchell Co. — ADDRESS 12 N. Fayette

C.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92225

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92225

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Park Heights Ave., St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Greenwald,

(Residence in Baltimore: No. 3722 Park Heights Ave., St.; ....yrs.,....mos.,....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White,	Married,

6-DATE OF BIRTH, Dec. (Month) 17th. (Day) 1868. (Year)

7-AGE, 47 yrs. 1 mos. 25 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jacob Rose,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Caroline Rohr,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Greenwald.

(Address) 3722 Park Heights Ave.

15- Filed FEB 12 1916, 19.... HARRY O. ROBERTS, Burial Permit 0197 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11th. (Day) 191.6 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1915, to Feb 10 1916, that I saw h[er] alive on Feb 10 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of the lung
2. Secondary to Carcinoma of the breast (Duration) 0 yrs. 8 mos. — da.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ....yrs. ....mos. ....da.

(Signed) Harry Adler M. D.

Feb. 14, 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, July 13th, 1916.

20-UNDERTAKER Louis Sondheim — ADDRESS 1700 W. Lexington St.

N.B.—Each question should be carefully answered. Every item is important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

092226

HEALTH DEPARTMENT—CITY OF BALTIMORE

092226

CERTIFICATE OF DEATH.

x 41

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Davis

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 26, 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer (Carpenter)
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Eliz. Correll

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fern Allentown

(Address) Calvert St.

15- Filed FEB 19 1916, 191... Burial Permit Issued
HARRY G. ARLEDGE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2 1916, to Feb. 12 1916, that I saw h[illegible] alive on Feb. 12 1916, and that death occurred, on the date stated above, at 7.40 A. M.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of large intestine (Operation)

(Duration) ...yrs. 8 mos. ...ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) ...yrs. mos. 2 ds.

(Signed) Edward A. Stuart M. D.

Feb 12 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 10 ds. In the State 21 yrs. ...mos. ...ds.

Where was disease contracted if not at place of death? Cocomoke Md

Former or usual residence Cocomoke Md

19-PLACE OF BURIAL OR REMOVAL. Cocomoke City Md. DATE OF BURIAL. Feb 17, 1916

20-UNDERTAKER Chas. E. Walter & Son ADDRESS N. Main & Royal Ave

13-2—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Blks.

C92227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Margaret Schumann

(Residence in Baltimore: No. St. Vincents Infant Asylum. St.; 3 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Aug. ..... (Day) 20, ... (Year) 1912.

7-AGE, ... 3 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, William Schumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Dillmann

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs. Schumann.....

(Address)... 1491 Division St.....

15-

Filed FEB 12 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb. ..... (Day) 11 th, ... (Year) 1916.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 6 1916, to Feb. 11 th 1916, that I saw her alive on Feb. 11 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-pneumonia

(Duration)....yrs....mos....5..ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) E. St. Hayward M. D.

Feb 11, 1916 (Address) St. Vincents Infant Asylum

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State 3 yrs. 5 mos. 24 ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence St. Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, February 14 1916.

20-UNDERTAKER Henry Hock & Son

ADDRESS 1301 E Eager St.

N. B.—Every item of information under 16 and 17 is exceedingly important. AGE should be carefully supplied. CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092228 092228

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Central Ave ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Domeyer

(Residence in Baltimore: No. 1027 N. Central ave St.; 65 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, Abt 79 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired Gdr
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Gardener

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry L. Domeyer

(Address) N. Dunbar Relay Md.

15- Filed FEB 12 1916, 191.. HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 11th 1916, that I saw Deceased alive on Feb 10th 1916, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplexy) 4d

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. D. Storer M. D.

Feby 12, 1916 (Address) 1501 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	February 15 1916
20-UNDERTAKER	ADDRESS
Henry Stoed & Son	1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92229 C92229

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15-

Filed FEB 12 1916 HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 9 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to Feb 9 1916, that I saw him alive on Feb 9 1916, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. L. Hayward M. D.

2/11, 1916. (Address) 838 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State ....yrs. ....mos. 27 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincents Infant-Asylum

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 13th, 1916.

20-UNDERTAKER M. Healy & Sons ADDRESS 606 W. Lafayette ave

N.B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92230 104 (92230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Burton

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 6 (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 4 ds. — If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Burton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Stehman

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Burton

(Address) 1701 Division St

15- Filed FEB 12 1916, 191... ELBERT C. ANDREWS, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 3 1916, to Feb. 10 1916, that I saw him alive on Feb 10 1916, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. H. Hayward M. D.

Feb 11, 1916. (Address) 838 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. ds. In the State 1 yrs. 3 mos. 4 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. — DATE OF BURIAL, Feby 13th 1916

20-UNDERTAKER M. Haley & Son — ADDRESS 606 W. Lafayette Ave

N. B.—Every item of information should be carefully supplied. Each CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C92231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bryan

(Residence in Baltimore: No. 2632 Fairbie St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 7 (Day), 1916 (Year).

7-AGE, ...yrs....mos....ds. IF LESS than 1 day, 8 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Single
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, William Bryan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucille Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray Jr MD

(Address).....

15-

Filed FEB 12 1916, 191.... BURIAL PERMIT 3137

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 8 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 7, 1916, to Feb 8 1916, that I saw h im alive on Feb 8 1916, and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia pallida

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac collapse at end

.....(Duration).....yrs.....mos.....ds.

(Signed) John G Murray Jr M. D.

Feb 8, 1916 (Address) John Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 8 hrs ds. In the State....yrs....mos. 8 hrs ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2632 Fairbie St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Per Wm E WOODALL

HOPKINS HOSPITAL FEB 12 1916

Commissioner Health

FOR ANATOMICAL PURPOSES

C92232

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C92232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 665 George street, ST.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Brooks,

(Residence in Baltimore: No. 665 George street, St.: yrs., [illegible] mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, April (Month) 21st (Day), 1895. (Year)

7-AGE, 20 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House servant,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. William Jenison,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Amelia Brooks,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel L. Johnson, aunt,

(Address) 1833 Stoddard alley,

15- Filed FEB 12 1916, 191.. HARRY O. ANDERSON Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 11th (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Feb. 11, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cmtry — DATE OF BURIAL, Feb 13 1916

20-UNDERTAKER Alfred J. Freeland — ADDRESS 114 N Howard St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92233 C92233

CERTIFICATE OF DEATH.

15 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Whitmore Av ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona P. Wootton

(Residence in Baltimore: No. 1813 Whitmore Av. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 6 (Day), 1891 (Year)

7-AGE, 25 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), ~~Md~~ Balto City Md

PARENTS.

10-NAME OF FATHER, James O Little

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Birdie Bowden

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Wootton

(Address) 1813 Whitmore av

15-

FEB 12 1916 Filed, 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1916, to Feb 10 1916, that I saw h~~e~~r alive on Feb 9 1916, and that death occurred, on the date stated above, at 6¼ m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) E. Hasselman M. D.

11/7/16, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London PK	Feb 13 1916

20-UNDERTAKER A. Jones ADDRESS 207 S. Stricker

R. B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92234

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

C92231

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 S Charles St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellies Shaierith

(Residence in Baltimore: No. 724 S Charles St ST.; 13 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1847 (Year)

7-AGE, 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 665
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Sam Shaierith

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Baltimore St

15-

FEB 12 1916 HEALTH OFFICER.

Filed ....., 191. Burial Permit 0.192.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan - 10 - 1912, to Dec - 11, 1916, that I saw him alive on Dec - 11, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Terminal Syncopal Attack

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilrvid Fulmerman

Duodenal ulcer (Duration) P 2 yrs. ..... mos. ..... ds.

(Signed) Dan Drauchen M. D.

Dec. 11, 1916 (Address) 1212 W Fay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Herz Pun	12/13.., 191..
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

092235

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 092235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 5 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Steiner

(Residence in Baltimore: No. 237 N. Eden St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) ....., (Day) 1861 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St.

15-

Filed FEB 12 1916, 191.....

HARRY O. ARNOLD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 4 1916, to February 12 1916, that I saw h e alive on February 12 1916, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

?

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Mental Condition

Intoxication (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Maurice Costas M. D.

2/12, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 237 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel — DATE OF BURIAL, 2-13, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E. Balt St

N.B.—Every item of information should be carefully supplied. Accuracy in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-2414—M. & T.—5000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92236 C92236

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH 509 N Milton ave

REGISTERED NO. C

CITY OF BALTIMORE: (No. 509 N. Milton ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Elizabeth Walker

(Residence in Baltimore: No. 509 N Milton ave St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Sept 27 (Month) (Day), 1850 (Year)

7-AGE, 65 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James Williams

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary A. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. S. Walker

(Address) 509 N. Milton Ave

15-

Filed FEB 12 1916, 191.... HARRY O. ARGARS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 11 1916, that I saw her alive on Feb 11 1916, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

(Signed) C C O'Madden M. D.

Feb 12, 1916 (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb 13, 1916

20-UNDERTAKER H E Hughes 17

ADDRESS N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92237 C92237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth L. Bateman

(Residence in Baltimore: No. 505 W. Saratoga St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 25, 1891.
(Month) (Day) (Year)

7-AGE, 24 yrs. 2 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady 666
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Howard A. Bateman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louise Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Bateman

(Address) 1003 N. 36 St.

15- FEB 12 1916 MARK O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1916, to Feb. 10th 1916, that I saw h er alive on Feb. 10th 1916, and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg.

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Frank E. Shipley M. D.

Feb. 10th, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 505 W. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL, Frostburg Md. DATE OF BURIAL, Feb. 13., 1916.

20-UNDERTAKER William Cook ADDRESS 502 North St.

To Howard A Bateman Via Mail 2/12/16

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92238

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1041 Guilford Ave. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Keane

(Residence in Baltimore: No. 1041 Guilford Ave. St.; 60 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ---------- (Month) (Day) 1 (Year)

7-AGE 78 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Employed by House of Correction

9-BIRTHPLACE (State or country)
Ireland

PARENTS

10-NAME OF FATHER: John Keane

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Ella Quinn

(Address) 1041 Guilford Ave.

15- MARY O. ARNOLD

Filed FEB 12 1916 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1916, to, Feb. 10 1916, that I saw h.m alive on Feb. 9 1916, and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY) Senility

(Duration) yrs mos. ds.

(Signed) Benj. F. Hayden M. D.

Feb. 11 P, 1916. [Address] 1216 N. Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mary Comty Garry	Feb 14, 1916

20-UNDERTAKER	ADDRESS
Henry W. Means & Son	1053 N. Calvert St.

(92239) HEALTH DEPARTMENT—CITY OF BALTIMORE (92239)

CERTIFICATE OF DEATH. 6 97

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N Montford ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Foos

(Residence in Baltimore: No. 171 N Montford St.; 44 yrs., 4 mos. 16 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1871 (Year)

7-AGE, 44 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk. 97
(b) General nature of industry, business, or establishment in which employed (or employer): B & O RR

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William H. Foos.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ann N Gregory.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. E. Russell

(Address) 231 Harford Ave

15- Filed FEB 12 1916 191.. HARRY O. ARMSTRONG, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 1916, to Feb 10 1916, that I saw h alive on Feb 10 1916, and that death occurred, on the date stated above, at 7.40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 4 days

CONTRIBUTORY (Secondary) Chronic Pneumonia

(Duration) 5 yrs. mos. 12 ds.

(Signed) Emil L. Ellinger M. D.

Feb 11, 1916 (Address) 1 W 19 E Eag St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Feby 13 1916

20-UNDERTAKER: J Herwig & Co ADDRESS: 2008 Aisquith

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 705 W Fayette St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Phillips

(Residence in Baltimore: No. 705 W Fayette St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Dont Know

6-DATE OF BIRTH, Do not Know, 1 (Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Do not Know
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Do not Know

PARENTS.

10-NAME OF FATHER, do do

11-BIRTHPLACE OF FATHER (State or Country), do do

12-MAIDEN NAME OF MOTHER do do

13-BIRTHPLACE OF MOTHER (State or Country), do do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Woman in Room

(Address) 105 N. Calvert St.

15- Filed FEB 13 1916, 191.... HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration).....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Organic heart disease

(Duration).....yrs.....mos.....ds.

(Signed) J. T. Jeffers M. D. (Coroner.)

Feb 12, 1916 (Address) 242 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Washington D. C. DATE OF BURIAL, 2/13, 1916

20-UNDERTAKER, Henry W. Meads Inc. ADDRESS 105 N. Calvert St.

Shipped Dec 11 Adams Express to Jr. Wm. Dec

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92241 64 C92241

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. to 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grossman

Residence in Baltimore: No. 27 North Broadway St.; ....yrs.,....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February 9, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland City

PARENTS.

10-NAME OF FATHER, Simon Grossman

11-BIRTHPLACE OF FATHER (State or Country), Roumania

12-MAIDEN NAME OF MOTHER Sarah Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Roumania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Glenn Jr. M.D.

(Address).....

15-
Filed FEB 13 1916 HARRY O. ANDREWS,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1916, to Feb 12 1916, that I saw him alive on Feb 12 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration)....yrs....mos. 1 ds.

(Signed) John Glenn Jr. M. D.

Feb 13 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 3 ds. In the State....yrs....mos. 3 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 27 N. Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Hebrew Rosedale	Feb 13, 1916

20-UNDERTAKER Jack Levin ADDRESS 1414 E. Balt

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C9242 C9242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1104 S Shark ST. 73 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Williams

(Residence in Baltimore: No. 1104 S Shark St.; yrs., 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Wht	Single

6-DATE OF BIRTH, Oct 1, 1911
(Month) (Day) (Year)

7-AGE, [redacted] yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thos. A. Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos A Williams

(Address) 1104 S Shark St.

15-

Filed FEB 13 1916 191 HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Feb 12, 1916 (Address) 617 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Harford Rd. DATE OF BURIAL, Feb 13 1916

20-UNDERTAKER F. R. Kramer ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Amelia Catherine Moseman

CERTIFICATE OF DEATH.

91 092213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Catherine Moseman.

(Residence in Baltimore: No. 1432 Richardson St.; ..... yrs. 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ..... Oct (Month) 30 (Day), 1915 (Year)

7-AGE, ... yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Loreng Moseman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hort Knowe

13-BIRTHPLACE OF MOTHER (State or Country), Hort Knowe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Loreng Moseman

(Address) ..... 1432 Richardson St

15- FEB 13 1916 Filed ....., 191.... HARRY O. ABLEWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1916, to Feb. 12th 1916, that I saw her alive on Feb. 12th 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Broncho-Pneumonia .....

..... (Duration) ..... yrs. ..... mos. ? ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Frank E Shipley M. D.

Feb. 12th 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State ..... yrs. 3 mos. 13 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1432 Richardson St. Locust Point, Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Feb. 13 1916

20-UNDERTAKER, W. J. & M. A. Flynn ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C9224[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9224[illegible]

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mary Dreher

(Residence in Baltimore: No. 2314 E. Fairmount Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
48 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, John Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Dreher.

(Address) 2314 E. Fairmount Ave

FEB 13 1916, 191... HARRY O ANDREWS Registrar. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 10 1916, that I saw h[illegible] alive on Feb 10 1916, and that death occurred, on the date stated above, at 3:[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Fatty Infiltration of Heart
Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) [illegible] yrs. mos. 7 ds.

(Signed) [illegible] M. D.

Feb 10, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. 3 ds. In the State 48 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2314 E. Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Feb 14th, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 4038 Wolfe

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

be carefully applied. ACCURACY in terms, so that it may be proper ons on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92245 64 C92245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Wolfe. ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Werb

(Residence in Baltimore: No. 215 S. Wolfe St. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Nov. (Month) 13 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 3 mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Invalid

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lora Schnell

(Address) 215 S. Wolfe St.

15-

FEB 13 1916 HARRY O ARMS,

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5 1916, to Feb. 12 1916, that I saw her alive on Feb. 11 1916, and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Jos. Hiller M. D.

2117 ....., 191... (Address) 1927 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb. 14, 1916
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S Wolfe

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

092246 HEALTH DEPARTMENT—CITY OF BALTIMORE 092246

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthey R Jenkins

(Residence in Baltimore: No. 527 E Bradford St.; 2 yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 8, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Wright

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wright

(Address) 407 S Broadway

15- FEB 13 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Feb 10 1916, that I saw h.. alive on Feb 11 1916, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(Duration) ....yrs. ....mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonitis

(Duration) ....yrs. ....mos. 12 ds.

(Signed) C. C. Neal M. D.

Feb 11, 1916. (Address) 1600 Bradford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dale Lawn	Feb. 13, 1916.
20-UNDERTAKER Lilly & Zinn	ADDRESS 403 S Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 511 D. Curley ST.: 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Mary Holete

(Residence in Baltimore: No. 511 D. Curley St.: / yrs., 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 7, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Holete

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Eliz Wehr

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Eliz Holete

(Address) 511 D. Curley St.

15- FEB 13 1916 HARRY O ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease
Congenital
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Jones M. D.
(Coroner)
Feby 11th, 1916 (Address) 916 Fremont Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Feb. 14th, 1916

20-UNDERTAKER Lilly & Jones — ADDRESS 403 N. Mayfield Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92248 C92248

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 Augusta Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Philip Gimpel

(Residence in Baltimore: No. 132 Augusta Ave St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, January 18 (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. — mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Pharmacy

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry W. Gimpel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilemina Ebert

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Gimpel

(Address) 132 Augusta Ave

15- Filed FEB 13 1916, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Feb 11 1916, that I saw him alive on Feb 11 1916, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (Duration) 4 yrs. ... mos. ... ds.

(Signed) Howard W Jones M. D.

Feb 12, 1916 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb 14th, 1916

20-UNDERTAKER John Howard Sons — ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

C92249

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92249

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 513 N. Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V. Emry

(Residence in Baltimore: No. 513 N. Stricker St.; — yrs.,.. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 21, 1893 (Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales lady
(b) General nature of industry, business, or establishment in which employed (or employer): Retail 666

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas Emry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maggie Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos R Shea

(Address) 513 N. Stricker

15-

Filed FEB 13 1916, 191.. HARRY O. ANDERS, Asst Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1914, to Feb. 12 1916, that I saw her alive on Feb 11 1916, and that death occurred, on the date stated above, at 10:35 P.m.

The CAUSE OF DEATH* was as follows:

Pulmon. Tuberculosis.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. E. Tanner M. D.

Feb 13, 1916 (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb 15, 1916
20-UNDERTAKER	ADDRESS
Jos J Smith	Fayette St

C92250

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92250

79

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5 W. Cor Fulton Ave and Franklin St. 20 WARD)

(If death occured a hospital or Institut give its NAME instead street and number fill out No. 18.)

2 FULL NAME Agnes Hickman Lowry.

(Residence in Baltimore: No. Home for the Aged of the M.E Church St.; Life yrs. mos. d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6 DATE OF BIRTH: Aug (Month) 13 (Day), 1843 (Year)

7 AGE: 72 yrs. 6 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City.

PARENTS

10 NAME OF FATHER: Geo A Lowry.

11 BIRTHPLACE OF FATHER (State or country): Baltimore City.

12 MAIDEN NAME OF MOTHER: Agnes H. Buck

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. R. Hawshaw

(Address) M. E. Home for Aged

15 Filed FEB 13 1916, 191

HARRY O. ARMS, Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Febry (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased fr
Jany 1, 1916, to, Febry 11 1916
that I saw h[er] alive on Febry 6, 1916
and that death occurred, on the date stated above, at 3 p m.
The CAUSE OF DEATH* was as follows:

Pneumatosis (Chronic)

(Duration) 15 yrs. mos.

Contributory (SECONDARY) Endocarditis.

(Duration) 2 yrs. mos.

(Signed), Geo. E Shannon

Febry 11, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CA state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State 15 yrs. 7 mos.
Where was disease contracted, If not at place of death?
Former or usual residence Home for the Aged M E Church

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemy

DATE OF BURIAL: Feb 14 1916

20 UNDERTAKER: Geo J Smith

ADDRESS: 1008 Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C92251

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92251

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 802 Wellington ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Schramm

(Residence in Baltimore: No. 802 Wellington St.; 57 yrs., 3 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov (Month) 3rd (Day) 1851 (Year)

7-AGE, 57 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Foot Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm L Schramm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine A Williams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schramm

(Address) 802 Wellington St.

15- Filed FEB 13 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 11th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17th 1915, to Feby 11th 1916, that I saw him alive on Feby 10 1916, and that death occurred, on the date stated above, at 7:10 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. A. Favr M. D.

Feby 11, 1916 (Address) 17 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb 14th, 1916

20-UNDERTAKER Joseph L Cook ADDRESS 1003 W Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Plum alley. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wehnert

(Residence in Baltimore: No. 1205 Plum alley — St.: 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, ... Nov. (Month) ..... (Day), 1870 (Year)

7-AGE, ... 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Wood Worker 39
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Box factory

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Wehnert

11-BIRTHPLACE OF FATHER (State or Country), Germany —

12-MAIDEN NAME OF MOTHER Anna Kramer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Wehnert

(Address) 5 E.O. Ridgely St

15- Filed FEB 13 1916 MARY G. ARDEAN, 191.. Special Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. ds.

(Signed) Edw Grant M. D. (Coroner.)

Feb 13 1916 (Address) 817 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore, Md. DATE OF BURIAL, Feb. 13, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 Madison

CE should be stated EXACTLY. PHYSICIANS should state of information should be carefully supplied. ACCUPATION is very SE OF DEATH in plain terms, so that it may be properly mportant. See instructions on back of certificate.

C92253

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 C92253

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2729 W Pratt St 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Agnes Anna Schmuckel

(Residence in Baltimore: No. 2729 W Pratt St.; 24 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: May (Month) 9 (Day), 1860 (Year)

7 AGE: 55 yrs. 9 mos. 7 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jos. Shipley

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: do not know

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin Schmuckel

(Address) 2729 W Pratt

15. FEB 13 1916 (Filed) HARRY O. ROGERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1916, to Feb 11 1916, that I saw h[illegible] alive on Feb 11th, 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY): Severe cold

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) P L Myers M. D.

Feb 12, 1916 (Address) 231 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Reisterstown Md. — DATE OF BURIAL: Feb 13, 1916

20 UNDERTAKER: E. Schuman & Son — ADDRESS 1039 Hanover St

Spec.—5-19-13—M. & T.—500 Bks.

(9251)

HEALTH DEPARTMENT—CITY OF BALTIMORE

(9251)

CERTIFICATE OF DEATH.

1 79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1386 Stockton St. (ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hawkins

(Residence in Baltimore: No.) 1386 Stockton St (St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Hawkins

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hawkins

(Address) 1386 Stockton

15- FEB 13 1916 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1916, to July 11 1916, that I saw h[illegible] alive on July 11 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. P. Clautice M D

July 12 1916. (Address) 648 Montford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Feb 13., 1916

20-UNDERTAKER James H. Dunn

ADDRESS 1303 Pennsylvania

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2414—M. & T.—3000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92255 C92255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Ha Emmanuel Gen Hospital 79 REGISTERED NO. C

CITY OF BALTIMORE: (No. 1122 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Winkler

(Residence in Baltimore: No. 1414 N Bruce St St.; Unknown yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown (Month), (Day) 1838 (Year)

7-AGE,	If LESS than 1 day,
78 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William L Winkler

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Moss

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas H Dennis

(Address) 1303 Preston st

15- Filed FEB 13 1916, 19 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to Feb 10th 1916, that I saw h[im] alive on Feb 10th 1916, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) Unknown yrs. mos. ds.

(Signed) Dr A G Jones M. D.

Feb, 1916. (Address) Ha Emmanuel Gen Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1414 N Bruce St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	Feb 13, 1916

20-UNDERTAKER	ADDRESS
Jas H Dennis	1303 Preston

092256

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

092256

1 PLACE OF DEATH

REGISTERED NO. C 79

CITY OF BALTIMORE: (No. 1540 N. Carey ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Mathews

(Residence in Baltimore: No. 1540 N. Carey St.; 1 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1861 (Year)

7-AGE: 55 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): West River Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Mathews

(Address) 1540 N Carey St

15- Filed FEB 13 1916, 191

HARRY O. ANDREWS, Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 11 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1916, to, Feb. 11 1916, that I saw h[illegible] alive on Feb. 11 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) 1 yrs mos ds

Contributory (SECONDARY) old age

(Duration) yrs mos ds

(Signed), Edw. J. Wheatley M. D.

Feb. 11 1916. [Address] 123 S. Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Feb 14 1916

20-UNDERTAKER: James H Dinn

ADDRESS: 1303 Pennsylvania

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92257 C92257

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1701 Harlem Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Emma Madora Riggs

(Residence in Baltimore: No. 1701 Harlem Ave St. 58 yrs. 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Feb. 20, 1857 (Month) (Day) (Year)

7-AGE 58 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) work at home

9-BIRTHPLACE (State or country) City

PARENTS

10-NAME OF FATHER Jas Buckey

11-BIRTHPLACE OF FATHER (State or country) Ohio

12-MAIDEN NAME OF MOTHER Mary A. Diffey

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reba Riggs

(Address) 1701 Harlem Ave

15. Filed FEB 13 1916, 191 HARRY O. ARLANDS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 10th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th, 1915, to Feb 10th 1916, that I saw her alive on Feb 10th, 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation, Heart Block, Decompensation

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Right sided Hemiplegia

(Duration) yrs. mos. 1 ds.

(Signed) William J Hossick M. D.

Feb 12th 1916 (Address) 1700 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Lorraine Cem

DATE OF BURIAL Feb 15, 1916

20-UNDERTAKER O. H. Heckrotte & Sons

ADDRESS North & Penna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

092258

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

092258

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No 511 Robert ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C Matthews

(Residence in Baltimore: No. 511 Robert St; 36 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown ?, 1879 (Month) (Day) (Year)

7-AGE: 36 yrs. ? mos. ? ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

884

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Matthews

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Addie Carroll

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Hunt

(Address) 511 Robert St

15- FEB 13 1916 Filed ..., 191... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to, Feb 10 1916, that I saw h[im] alive on Feb 9 1916, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1½ yrs ... mos. ... ds.

Contributory (SECONDARY) ...

(Duration) ... yrs ... mos. ... ds.

(Signed), J. C. McCarl M. D.

2/12, 1916 [Address] 2005 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Feb. 13, 1916

UNDERTAKER: E. A. Holland — ADDRESS: 917 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92259 C92259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Carrollton Ave WARD) 7

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie M Seward

(Residence in Baltimore: No. 1025 Carrollton Ave St.; 7 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 6 (Day), 1908 (Year)

7-AGE, 7 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Seward

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lydia Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F Zimmerman

(Address) 1201 W Fort Ave St

15- FEB 13 1916 Filed....., 191.. MABEL O. ABRAMS, CENTRAL REGISTRAR (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to Feb 13 1916, that I saw her alive on Feb 12 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Mitigated Scarlet Fever

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M A O'Neill M. D.

Feb 13, 1916 (Address) 108 N Bullitt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Feb. 14. 1916
20-UNDERTAKER	ADDRESS
John F Fields	1200 W Lombard St

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 (C92260)

1-PLACE OF DEATH University Hosp

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Lombard & Greene ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham G. Marks

(Residence in Baltimore: No. 704 N Gilmor St.; 19 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1897
(Month) (Day) (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Asst Operator
(b) General nature of industry, business, or establishment in which employed (or employer)..... Moving Picture Parlor

9-BIRTHPLACE, (State or Country). Md (City)

PARENTS.

10-NAME OF FATHER, George Marks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address)..... 704 N. Gilmor St

15- FEB 13 1916 HARRY O. ANDERS, Registrar. Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-2-1916, to 2-12-1916, that I saw h.. alive on 2-12-1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) M. L. Hellenbrey M. D.

2-12-, 191.6. (Address) 1638 N. McCulloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 10 ds. In the State 19 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 704 N Gilmor St

Former or usual residence Former residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Feb 13 1916

20-UNDERTAKER L. Levinson & Bro — ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92261 C92261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 138

1-PLACE OF DEATH Maryland General Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. N. Madison St. & Linden Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eva. Slingluff. (Slingluff)

(Residence in Baltimore: No. 1339 W. North Ave. St.; 31 yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female.	White	Married.

6-DATE OF BIRTH, Feb 11, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Chas. Phillips.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Sander.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamilton Slingluff

(Address) 1605 St. Paul

15- Filed FEB 13 1916, 191 HARRY O. ANDREWS, CAPITAL PRESS. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 11th 1916; 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9th 1916, to Feb 11th 1916, that I saw h[illegible] alive on Feb 11th 1916, and that death occurred, on the date stated above, at 9 5/6 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema.

6 hours.

(Puerperal) (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Eclampsia

(Duration) yrs. mos. 3 ds.

(Signed) S. D. Shannon M. D.

Feb. 11, 1916. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 3 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1339 W. North Ave.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 14, 1916.

20-UNDERTAKER W. J. Tuckerman Son. ADDRESS North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 S. Paca St. ST.; 22 WARD) REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Wisniewski

(Residence in Baltimore: No. 433 S. Paca. St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July 28, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), (City) Maryland.

PARENTS.

10-NAME OF FATHER, Leo Wisniewski

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Bronislava

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo Wisniewski

(Address) 433 S. Paca

15- FEB 13 1916 Burial Permit Issued

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1916, to Feb 12 1916, that I saw h.r alive on Feb 12 1916, and that death occurred, on the date stated above, at 11:30 m. p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Weakness & infection (no Pneumonia)

(Duration) yrs. mos. ds.

(Signed) M. G. Tiedemann M. D.

Feb 13, 1916 (Address) 612 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	Feb 13 1916
20-UNDERTAKER	ADDRESS
John Grebinecker	500 S. Paca St.

3 P.M.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Leadenhall St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Cockey

(Residence in Baltimore: No. 1118 Leadenhall St.; 6m yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 11 (Day), 1891 (Year)

7-AGE, 25 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Candy Factory 976

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas J Cockey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Holz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cockey

(Address) 1118 Leadenhall

15- Filed FEB 13 1916, 191... MARY O. ALGERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Feb. 11 1916, that I saw him alive on Feb. 11 1916, and that death occurred, on the date stated above, at 11a, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Marshall T. Smith M. D.

, 191... (Address) 411 E N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Feb 14, 191...

20-UNDERTAKER Robt J Lambert & Co

ADDRESS 1x2y6 Pay

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. R. Foard

(Residence in Baltimore: No. Eastern Ave & Chester St St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. February 1, 1832
(Month) (Day) (Year)

7-AGE. 84 yrs. 9 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Physician
(b) General nature of industry, business, or establishment in which employed (or employer). ...

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John B. Foard.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. D. Todd

(Address) 845 W. Lanvale St

15-

Filed FEB 13 1916, 191... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1915, to Feb 10 1916, that I saw h[illegible] alive on Feb 10 1916 and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Senile Atrophy - Exhaustion

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 5 yrs. ... mos. 2 ds.

(Signed) Edward L. Smith M. D.

Feb 10, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. 69 mos. ... ds.

Where was disease contracted, if not at place of death? Baltimore County Md

Former or usual residence Baltimore City Md

19-PLACE OF BURIAL OR REMOVAL, Dale Cemetery — DATE OF BURIAL, Feb 13, 191...

20-UNDERTAKER Robt. F. Turner — ADDRESS 1402 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92265

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92265

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest L. Early

(Residence in Baltimore: No. 1225 Jefferson St.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	colored	Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wade Easley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Wm Light

(Address)..... 1223 Jefferson St

15- FEB 13 1916 HARRY O. ANDREWS
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 11 1916, that I saw him alive on Feb 11 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis Heart failure

(Duration) yrs. mos. ds.

(Signed) J. Edward Fisher M. D.

Feb 11, 1916 (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Burial cemetery — DATE OF BURIAL, Feb 14..., 1916

20-UNDERTAKER R D Grass — ADDRESS 1405 McElderry St

N. B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(32266) 151 (32266)

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 William st. St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Leo Seward

(Residence in Baltimore: No. 1114 William st. St.; ...yrs. ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 12 (Day) 1916. (Year)

7-AGE ... yrs. ... mos. ... ds. If LESS than 1 day, 13 hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto .Md.

PARENTS

10-NAME OF FATHER: Raymond Alfred Seward

11-BIRTHPLACE OF FATHER (State or country): Balto.Md.

12-MAIDEN NAME OF MOTHER: Lula-Belle-Benton / Lula Belle Benton

13-BIRTHPLACE OF MOTHER (State or country): Balto.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Bentom

(Address) 1110 William st.

15- Filed FEB 13 1916, 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 13/16 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb.12/16, 191..., to, Feb. 13/191..., that I saw him alive on Feb.12/16 191..., and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos ... ds.

(Signed) [signature] M. D.

Feb.13/16 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Feb 14 1916

20-UNDERTAKER: Wm. J. E. Evans Sons

ADDRESS: 142 E. Chas. s

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92267

CERTIFICATE OF DEATH.

79 C92267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 E. Eager ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Appel

(Residence in Baltimore: No. 1735 East Eager St.; 6 yrs., 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 19, 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 11 mos. 24 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Appel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catherine Young

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Appel

(Address) 1735 E. Eager St

15- FEB 14 1916 ROBERT J. KRAUTHOFF, Registrar of Vital Statistics
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20—1916, to Feb. 13—1916, that I saw him alive on Feb. 13—1916, and that death occurred, on the date stated above, at 11.10 A m.

The CAUSE OF DEATH* was as follows:

Mitral Heart disease

(Duration) —yrs. 9 mos. —ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby M. D.

Feb. 13, 1916 (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore County | DATE OF BURIAL, Feb. 16, 1916.

20-UNDERTAKER Zirkler & Zirkler | ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CHILDREN under one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G22288 — 81 C93288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: No. 1519 W Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel F. Straube

(Residence in Baltimore: No. 1519 W Lombard St.; 62 yrs., 11 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.): Married

6-DATE OF BIRTH: Feb (Month) 17 (Day) 1853 (Year)

7-AGE: 62 yrs. 11 mos. 26 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman 73rd
(b) General nature of industry, business, or establishment in which employed (or employer): Balto City Water Dept

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Frederick Straube

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Crystal Meyer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul D. Straube

(Address) 1519 W Lombard st

15- Filed FEB 14 1916 ROBERT, KRAUTER, (Burial Permit Clerk.) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Feb. 12 1916, that I saw h— alive on Feb 11 1916, and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, +

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. Young Leaman M. D.

2/13, 1916 (Address) 224 E Camp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL, Feb 14, 1916

20-UNDERTAKER: Robert Brockel — ADDRESS 175 Calhoun

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92269

CERTIFICATE OF DEATH.

x 88 C92269

1-PLACE OF DEATH Fensal Hall-Dormitory of Goucher College,

CITY OF BALTIMORE: (No. Maryland Av. & 23rd. ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Virginia Baldwin.

(Residence in Baltimore: No. Fensal Hall, (MD.AV.&23rd) St.; 0 yrs., 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January, (Month) 15, (Day) 1897. (Year)

7-AGE,	If LESS than 1 day.
19 yrs. 0 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Goucher College

9-BIRTHPLACE, (State or Country), Pennsylvania.

PARENTS.

10-NAME OF FATHER, D. E. Baldwin.

11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania.

12-MAIDEN NAME OF MOTHER Elizabeth M. Fitchett

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katie Baldwin,

(Address) 805 Electric St., Scranton, Pa.

15- ROBERT . KRAUTER,

Filed FEB 14 1916 191. Burial Permit Clerk,

Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February, (Month) 14, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Feb. 13 1916, that I saw her alive on Feb. 13 1916, and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Thyroiditis

(Acute Pyaemia)

(Duration) yrs. mos. 7 days

CONTRIBUTORY (Secondary): Chronic hypertrophied tonsils? mucl hyperthyroidism

(Duration) yrs. mos. ds.

(Signed) Lilian Welsh M. D.

Feb. 14., 1916 (Address) The Arundel—

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 4 mos. 29 ds. In the State 0 yrs. 4 mos. 29 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Scranton, Pennsylvania.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Scranton, Pennsylvania	Feb'y. 14 1916

20-UNDERTAKER	ADDRESS
Stewart & Mowen Com'y.	108 W. North,

C92270

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C92270

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1902 Penna ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Myers

(Residence in Baltimore: No. 1902 Penna ave St. 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Widowed

6-DATE OF BIRTH: Sept (Month) 14 (Day) 1858 (Year)

7-AGE: 57 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Cap Doing

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Robert Morrison

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Mary Myers

(Address) 1902 Penna. Ave.

15 FEB 14 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1916, to, Feb 14 1916, that I saw h.r alive on Feb. 13 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
(Mitral Insufficiency)

(Duration) 1 yrs 6 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), Paul Brown M. D.

Feb. 14 1916 [Address] 1837 Penna Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 16, 1916

20-UNDERTAKER: G. F. Wacker — ADDRESS: 1323 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92271

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92271

CERTIFICATE OF DEATH.

152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 623 W. Saratoga ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Sirio

(Residence in Baltimore: No. 623 W. Saratoga St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 29th (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Sam Sirio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Jennie Morroso

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jennie Sirio

(Address) 623 W. Saratoga

15- Filed FEB 14 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation from Overlaying

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Dennis Savage M. D. (Coroner.)

Feby 14, 191.6 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery DATE OF BURIAL, Feb 16 19.16

20-UNDERTAKER John L Gahey Son ADDRESS 1318 Lightst

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92272 C92272

CERTIFICATE OF DEATH.

REGISTERED No. C 83

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 46 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Catherine Margaret Voight

(Residence in Baltimore: No. Kirby Lane and Oakley St. St.; life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	married

6-DATE OF BIRTH, ... Aug. (Month) ..... 10 (Day) ..... , 1879 (Year)

7-AGE, 36 yrs. 6 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, John Welten

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Lenz

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. W. Paul Voight

(Address) 1807 Oakley St

15- Filed FEB 14 1916 1916 ROBERT J. BRAUER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 1916, to Feb. 12, 1916, that I saw her alive on Feb 12, 1916, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Duration 5 hrs.

CONTRIBUTORY (Secondary) Suppuration Phlebitis with Septicemia (Duration) yrs. 1 mos. 14 ds.

(Signed) D. D. Shannon M. D.

Feb. 12, 1916. (Address) M. G. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. 1 mos. ..... ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1805 Oakley St.

19-PLACE OF BURIAL, OR REMOVAL, London Park | DATE OF BURIAL, Feb. 15, 1916.

20-UNDERTAKER Gus. Weber & Son | ADDRESS 2303 Edmondson Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, approximate should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92273 61 + C92273

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Walters

Residence in Baltimore: No. 1817 Ensor St St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. September 23, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, Howard F. Walters

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edith Mumma

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 14 1916 191.. ROBERT . KRAUSER, Registrar. Burial Permit Issued by .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 7 1915 to February 12 1916, that I saw her alive on February 12 1916, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Meningitis - epidemic cerebrospinal

(Duration) ..... yrs. ..... mos. 9 wks.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Kenneth F. Maxcy M. D.

Feb. 12, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 1817 Ensor St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, Feb. 17, 1916

20-UNDERTAKER William Cook — ADDRESS 22 E. North Av.

Spec.—8-24-14—M. & T.—2000 Bks.

C92274

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 C92274

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Huntingdon Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A Edwards

(Residence in Baltimore: No. 2627 Huntingdon Ave St.; 1 yrs., 11 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby (Month) 21 (Day), 1914 (Year)

7-AGE, 1 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Paul W. Edwards

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Katie B Humphrey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul W. Edwards

(Address) 2627 Huntingdon Ave

15- Filed FEB 14 1916 ROBERT , KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Feb 12 1916, that I saw h[er] alive on Feb 12th 1916, and that death occurred, on the date stated above, at 11.57 m.

The CAUSE OF DEATH* was as follows:

Intussusception of bowels

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) C Bozick M. D.

Feb 14th, 1916. (Address) 607 N Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Cemetery, Hampden — DATE OF BURIAL, Feb 15, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Welsh - 607 N Charles St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92275

C92275

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Mc Klenkin

(Residence in Baltimore: No. 2046 E. Eager St St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 13, 1914. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. 30 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, James Mc Klenkin

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Elizabeth Morris

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Smith

(Address) Johns Hopkins Hospital

15 FEB 14 1916 ROBERT ..... KRAUTER.
Filed..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1 1916, to February 13 1916, that I saw h[illegible] alive on February 12 1916, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Cerebro spinal meningitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) H. J. Marcy M. D.

Feb. 13, 1916. (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2046 E Eager St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Balto Cem	Feby 15 1916
20-UNDERTAKER J Herwig & Co	ADDRESS 2008 Aliceanna

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C92276 C92276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Rogers

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, December (Month) 3 (Day) 1915 (Year)

7-AGE, ...yrs. 2 mos. 10 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Frederick M. Rogers

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Irene Harmes

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- FEB 14 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from January 6 1916, to February 12 1916, that I saw h[illegible] alive on February 12 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows: (acute) Pneumonia (primary)

Lobar

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Kenneth J. Lewis M. D.

Feb 12, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 62 State St East Orange N. J.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Orange N. J.	2-15, 1916
20-UNDERTAKER	ADDRESS
Henry A. Jenkins Sons Co	McCulloh & Orchard

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92277

CERTIFICATE OF DEATH.

28 C92277

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Glaser

(Residence in Baltimore: No. 526 N. Castle St ..... St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 12, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, John Glaser

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth I Mallon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- FEB 14 1916 ROBERT F. KRAUTER
Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1916, to February 12 1916, that I saw her alive on February 12 1916, and that death occurred, on the date stated above, at 4 45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (Duration) ..... yrs. ..... mos. 30 ds.

(Signed) Clement F. Maxcy M. D.

Feb. 12, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 30 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 526 N. Castle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
5th Ger. Ref. Com.	Feby 15 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If under one day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92278

CERTIFICATE OF DEATH.

50 C92278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N. Pratt ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Greene

(Residence in Baltimore: No. 1606 N Pratt St St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 18, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. James Greene

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Powers

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Greene

(Address) 1606 W. Pratt St.

15- FEB 14 1916 ROBERT . KRAUTER, Registrar

Filed ..... 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Feb. 14 1916, that I saw h-- alive on Feb 13 1916, and that death occurred, on the date stated above, at 6-50 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. O'Callahan M. D.

2614 16 1901 (Address) 2411 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 17..., 1916

20-UNDERTAKER John F. Oman

ADDRESS 701 Holliday St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92279

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92279

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 408 N. Bradford St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Stumpf

(Residence in Baltimore: No. 408 N. Bradford St.; 30 yrs., — mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: January 1X, 1886 (Month) (Day) (Year)

7-AGE: 30 yrs. — mos. 28 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Dress 357
(b) General nature of industry, business, or establishment in which employed (or employer): in factory

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John J. Stumpf

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Sophia Decker

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Stumpf

(Address) 408 N. Bradford St

15- FEB 14 1916 ROBERT , KRAUTHOFF, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Feb. 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1915, to Feb. 11 1916, that I saw him alive on Feb. 10 1916, and that death occurred, on the date stated above, at 4:55 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. 7 mos. ....ds.

(Signed) Wm J Schmit M. D.

Feb 11, 1916 (Address) 701 N. Linwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Evangelical Cemetery

DATE OF BURIAL: Feb 14, 1916

20-UNDERTAKER: Christian Miller

ADDRESS: 233 Jefferson St

C92280

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92280

CERTIFICATE OF DEATH

151

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 158 Dolphin ST.: 11 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Ada & Wheeler

(Residence in Baltimore: No. 158 Dolphin St.; ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male

4-COLOR OR RACE Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Feb. (Month) 12 (Day), 1916. (Year)

7-AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER George W Wheeler.

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Ada Cormick

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ada W Wheeler.

(Address) 158 Dolphin St

15- Filed FEB 14 1916, 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191 ..., to, ..., 191 ...,

that I saw h..... alive on ....., 191 ...,

and that death occurred, on the date stated above, at 6 50 m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. S Tabb M. D.

Feb 12, 1916 (Address) 1116 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 14 1916

20-UNDERTAKER Commissioner of Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92281

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C92281

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 158 Dolphin St.; 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant B Ada Wheeler.

(Residence in Baltimore: No. 158 Dolphin St.; ... yrs. ... mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 12 (Day), 1916. (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: George W Wheeler.

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Ada Cornish

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ada W Wheeler

(Address) 158 Dolphin St.

15. Filed ... FEB 14 1916 ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, ..., 191...,
that I saw h... alive on ....., 191...,
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) ... yrs. ... mos. 1 ds.

Contributory (SECONDARY) Premature Birth

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Chas V Fitzgerald M. D.

Feb. 12, 1916 (Address) 1116 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL. DATE OF BURIAL: FEB 14 1916, 191...

20-UNDERTAKER (Commission No. ...): ... ADDRESS: FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92282

CERTIFICATE OF DEATH.

150 C92282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Baber

(Residence in Baltimore: No. 583 Orchard St St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Particulars under this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, Feb (Month) 13 (Day), 1916 (Year)

7-AGE, 4½ hrs. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Baber

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Hester Baber

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. F. Galvin

(Address) Mercy Hospital

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1916, to Feb. 13 1916, that I saw him alive on Feb. 13 1916, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum Congenital

Patent foramen ovale

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward H. Smith M. D.

Feb 13, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191..

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL FEB 14 1916

Commissioner Health

FOR ANATOMICAL PURPOSES

C92283

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92283

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 Wagon alley ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Davis

(Residence in Baltimore: No. 1303 Wagon alley. St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

PARENTS.

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Florence Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura West.

(Address) 1303 Wagon alley

15-

Filed FEB 14 1916, 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. ds.

(Signed) Samuel Wentz M. D. (Coroner.)

Feb. 14th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Feb. 15, 1916

20-UNDERTAKER Alfred J. Freeland ADDRESS 1142 Scott

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92284 C92284

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 117 N. Belnord Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Goldburn

(Residence in Baltimore: No. 117 N. Belnord Ave St.; 6 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Nov. (Month) ..... 21 (Day), 1858 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 2 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Street Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)..... City Street & Alley Dept.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John J. Goldburn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary C. Morbarne

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Natalie Goldburn

(Address) 117 N. Belnord Ave

15- Filed FEB 14 1916, 191.... ROBERT ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Feb 12 1916, that I saw h im alive on ..... 1916, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Pneumonia

..... (Duration) ..... yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. C. B. Deaver M. D.

Feb 13, 1916. (Address) 2600 Wash Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Poly Redeemer Cem. DATE OF BURIAL, Feb 14, 1916

20-UNDERTAKER Robert J. Turner ADDRESS 1142 Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C92285

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92285

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 130 E. Fitting ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M Henning

(Residence in Baltimore: No. 130 E Fitting St. St.; 35 yrs., 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 9th, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stamper
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Factory

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Henning

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Dieterick

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J Henning

(Address) 130 E Fitting St.

15- FEB 14 1916 ROBERT , KRAUTER,
Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1915, to Feb 13 1916, that I saw her alive on Feb 12 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm O'Neill M. D.

Feb 13, 1916 (Address) 108 N Bulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Feby 16th, 191...

20-UNDERTAKER George Deitling & Sons — ADDRESS 1126 E Monument

21

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92286

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 E. BIDDLE ST. St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JOHN J. CASEY.

(Residence in Baltimore: No. 929 E. BIDDLE ST. St.; LIFETIME. yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: MALE

4-COLOR OR RACE: WHITE

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): SINGLE

6-DATE OF BIRTH, UNKNOWN. (Month) (Day) 1861 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: INSPECTOR 384
(b) General nature of industry, business, or establishment in which employed (or employer): CAN BUSINESS.

9-BIRTHPLACE, (State or Country), BALTIMORE

PARENTS.

10-NAME OF FATHER. JOHN J. CASEY

11-BIRTHPLACE OF FATHER (State or Country), IRELAND

12-MAIDEN NAME OF MOTHER ANN SCALLY

13-BIRTHPLACE OF MOTHER (State or Country), IRELAND

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) CATHERINE MORWOOD

(Address) 929E. BIDDLE ST.

ROBERT . KRAUTER,

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, FEBRUARY 12th., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1916, to Feb. 12, 1916, that I saw h[illegible] alive on Feb. 12, 1916, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lee Magruder M. D.

Feb 13 1916 (Address) 1206 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CATHEDRAL CEMETERY. DATE OF BURIAL, 2/16/16, 191...

20-UNDERTAKER CHAS F. EVANS &SON. ADDRESS 115 W.MT.ROYAL AVE

C92287

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

C92287

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Gen. Hospital ST.; 16 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Nellie A. Colley

(Residence in Baltimore: No. 613 N. Mount St. St.; 8 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: W'hte.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 20 (Month) (Day), 1891 (Year)

7-AGE: 24 yrs. 7 mos. 22 ds. If LESS than 1 day, ... brs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Trucktie Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 470

9-BIRTHPLACE (State or country): Phila Pa

PARENTS

10-NAME OF FATHER: Thos. H. Colley

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Sarah Litaffer

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Litaffer

(Address) 613 N. Mount St

15- FEB 14 1916, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 11th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1915, to February 11th 1916 that I saw h.. alive on February 11th, 1916 and that death occurred, on the date stated above, at 12.30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Appendicetis

(Duration) One yrs. ..... mos. ..... ds

Contributory (SECONDARY) Intestinal Paresis following operation.

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Stephen F. Steelman M. D.

Feby 11th, 1916 (Address) 1227 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 613 N. Mount St.

Former or usual residence 613 N. Mount St.

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: February 15, 1916

20-UNDERTAKER: George L. Schmidt & Bro

ADDRESS: 210 Park. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92288

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92288

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 So. Charles St. ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Virginia Wagner

(Residence in Baltimore: No. 1442 So. Charles St. St.; 28 yrs., 6 mos. 16 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) 26. (Day), 1887 (Year)

7-AGE, 28 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles McCaffrey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Katharine Balla

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hagens Husband

(Address) 1442 S. Charles

15-

Filed FEB 14 1916, 191.... HARRY G. ... FEB 14 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 22 1915, to Feb. 12th 1916, that I saw her alive on Feb 11th 1916, and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otho B. Fowler M. D.

2/12/16., 191... (Address) 143 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 2/15..., 191.6.

20-UNDERTAKER J. Frew Mitchell ADDRESS 396 Fort.

C92289

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92289

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1232 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Kernan Jr

(Residence in Baltimore: No. 1232 W Lombard St.; yrs. 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 29 (Day) 1915 (Year)

7-AGE: ..... yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John J Kernan

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Margaret P Fitzgerald

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Kernan

(Address) 1232 W. Lombard St

FEB 14 1916 HENRY G. WILLIAMS, Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 12 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1916, to Feb 12 1916, that I saw h[illegible] alive on Feb 12 1916, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) yrs 24 hours mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) yrs. ..... mos. ..... ds.

(Signed) Joseph E Bruce M. D.

Feb 13, 1916 [Address] 1520 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 2-16-1916

20-UNDERTAKER: H. C Brauning Son — ADDRESS 617 N. Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92290

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C92290

8

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1608 North Calvert St. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda R. Rock

(Residence in Baltimore: No. 1608 N. Calvert St. St.; 61 yrs. 8 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: June 3, 1854 (Month) (Day) 1 (Year)

7-AGE: 61 yrs. 8 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Dennis Kavanaugh

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: ---------- Ennis

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Carrie V. Medairy

(Address) 1608 N. Calvert St.

15 FEB 14 1916 HENRY O ANDREWS, Special Deputy Clerk

Filed ..... 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 25, 1916, to, July 11 1916, that I saw her alive on July 11 1916, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

V Dropsy

Unknown

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) last yrs ..... mos. ? ds.

(Signed), Thos S Hall M. D.

2-13 1916 [Address] Mt Vernon

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 2/15 191.6

20-UNDERTAKER: Henry W. Means & Son

ADDRESS: 2052 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C92291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Park Ave. ST.: 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Sheehan

(Residence in Baltimore: No. 1614 Park Ave. St.; 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ------Unknown, 1 (Month) (Day) (Year)

7-AGE, 81 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Timothy Sheehan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jahanna Bynche

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Sheehan

(Address) 1614 Park Ave.

15- FEB 14 1916 MARY O AKERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 — 1916, to Feb 14 1916, that I saw h alive on Feb 13 — 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Infl Endocarditis with Pulmonary Complication

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) St Hospitals

(Duration) unknown yrs. mos. ds.

(Signed) Jos Sinkler Bues M. D.

Feb 14, 1916 (Address) 2844 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	2/16, 1916
20-UNDERTAKER Henry W Miles & Son	ADDRESS 205 N. Calvert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92292

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92292

CERTIFICATE OF DEATH

REGISTERED No. C 120

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 410 S. Ridgewood ave St.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George W. Seltzer

(Residence in Baltimore: No. 410 S. Ridgewood ave St.; 57 yrs. 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colr	Married

6 DATE OF BIRTH July (Month) 4 (Day), 1859 (Year)

7 AGE 57 yrs. 7 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore City

PARENTS

10 NAME OF FATHER William H. Seltzer

11 BIRTHPLACE OF FATHER (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Eliz M. Lindsay

13 BIRTHPLACE OF MOTHER (State or country) Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Jane B. Seltzer

(Address) 410 S. Ridgewood Ave

15 Filed FEB 14 1916, 191 HARRY O. ROGERS, Special Deputy Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feby (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Feby 13 1916, that I saw h[illegible] alive on Feby 13, 1916, and that death occurred, on the date stated above, at 3 30 a m.
The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uraemia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Duncan MacLaurin M. D.

Feby 14, 1916. (Address) 1517 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL Feb 15 1916

20 UNDERTAKER Geo J Smith | ADDRESS 1008 N Payson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C92293

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 248 S Sprug ST.: 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Hooker

(Residence in Baltimore: No. 248 S Sprug St.: yrs., 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH. March 4, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Talbot Co. Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Alice Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lee

(Address) 248 S. Sprug St

15- FILED FEB 15 1916 ROBERT T. CRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Heart Trouble

(Duration) ....yrs....mos....ds.

(Signed) W. H. Forde (Coroner.) M. D.

Feb 15 1916 (Address) 316 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Arbury	Feb 15, 1916
20-UNDERTAKER John C. Henderson	ADDRESS 317 N Carey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C92291

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1026 W. Lombard ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Earl W Bonnicksen

(Residence in Baltimore: No. 1026 W Lombard St.; yrs. 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb 26, 1915 (Month) (Day) (Year)

7 AGE: — yrs. 11 mos. 19 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: baby
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John C Bonicksen

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Reda Dorsch

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C Bonicksen

(Address) 1026 Lombard st

FEB 15 1916 CHARLES M. SINCLAIR

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 14, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to Feb 14 1916, that I saw h[illegible] alive on Feb 14, 1916, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Bronchopneumonia

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) H M Robinson M. D.

Feb 15, 1916. (Address) H M Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Feb 16, 1916

20 UNDERTAKER: John J Fields

ADDRESS: 1300 W Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916 C92295

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Marshall

(Residence in Baltimore: No. 2210 Cumberdge St. - St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	widow

6-DATE OF BIRTH, ... Jan 11 ....., 1860
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 7 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Margaret Martin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ant Anna

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Herron

(Address) 1808 Bank St

15- FEB 15 1916

Filed....., 191.....

CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 191 6, to Feb 12 1916, that I saw h.r alive on Feb 12 1916, and that death occurred, on the date stated above, at 2.15 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Partial Obstruction - Uraemia
Acute Impfrgency
(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Owen F. Turnest M. D.

Feb 12, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 2210 Cumberdge St. -

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Laurel Cemetery	Feb 15th, 1916
20-UNDERTAKER Geo G. Moan	ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92296 C92296

CERTIFICATE OF DEATH.

94

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S Chester ST.; V WARD) REGISTERED NO. C.....

2-FULL NAME Mary J Black

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 21 S Chester St ST.; ..... yrs., fifty mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Aug 13th, 1829
(Month) (Day) (Year)

7-AGE, 86 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country). Balto Maryland

12-MAIDEN NAME OF MOTHER Rachael Parsh

13-BIRTHPLACE OF MOTHER (State or Country). Balto Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Moran

(Address) Bank & Aun St

15- FEB 15 1916 CHARLES M. SINCLAIR.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to Feb 13th 1916, that I saw her alive on Feb 11th 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

1 Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Arthur Webb M.D. M. D.

Feb 15, 1916. (Address) 201 E Fait St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 16 1916.
20-UNDERTAKER John A Moran	ADDRESS Bank & Aun St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92297 C92297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 616 D. Wolfe ST.: 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Leszkowski

(Residence in Baltimore: No. 616 D. Wolfe St.; yrs. 36 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feby 21, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas Forge

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Gurkowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Szukowski

(Address) 616 D. Wolfe St

15-

Filed FEB 15 1916, 191 CHARLES M. SINCLAIR, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 14th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage
Pregnant four months
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell from a chair
(Duration) yrs. mos. ds.

(Signed) W. W. Jones M. D.
(Coroner.)

Feby 14, 1916 (Address) 3116 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	Feby 17 1916
20-UNDERTAKER	ADDRESS
M. F. Sadowski,	905 S. Linn

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92298 C92298

CERTIFICATE OF DEATH.

x146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Peters

(Residence in Baltimore: No. 3206 E. Baltimore St. St.; 1 yr. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan 4, 1907.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
9 yrs. 1 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, John J Peters

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Helen Ulmsberg

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Peters

(Address) 3206 E Baltimore St

15-

FEB 15 1916 CHARLES M. SINCLAIR.

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1916, to Feb. 14 1916, that I saw h.r alive on Feb. 14 1916, and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH* was as follows:

1. Pulmonic Tuberculosis
2. Sarcoma
3. Abscess

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. ds.

(Signed) Edward A. Lauck M. D.

Feb. 14, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 3206 E. Balto St.

Former or usual residence 3206 E. Balto St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wood Lawn	Feb 17, 1916
20-UNDERTAKER John A Moran	ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92299

C92299

CERTIFICATE OF DEATH.

42

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N Bruce St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hardy

(Residence in Baltimore: No. 701 N Bruce St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January, 1, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Baird

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Hardy

(Address) 701 N Bruce St

15-

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to Feb 14 1916, that I saw h[illegible] alive on Feb. 14 1916, and that death occurred, on the date stated above, at 1030 a.m.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma of Uterus

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. A. Stokes M. D.

2/14, 1916 (Address) 1717 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Feb 17th, 1916

UNDERTAKER Hanna & Forsythe

ADDRESS Baltimore

CHARLES M. SINCLAIR

U. S. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Bks.

C32300

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C32300

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian B. Offenschall

(Residence in Baltimore: No. 527 N. Caroy St. St.: 40 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 28, 1875
(Month) (Day) (Year)

7-AGE, 68 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry Goods

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Offenschall

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva E. Zepler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Richard Mercy Hosp

(Address)..... Calvert St.

15-

Filed FEB 15 1916, 191.....

CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1916, to Feb. 14 1916, that I saw h[illegible] alive on Feb. 14 1916 and that death occurred, on the date stated above, at 3:40 p. m.

The CAUSE OF DEATH* was as follows:

Toxemia from Abscess and Ascending Colon

Operation Feb. 10 1916

(Duration)..... yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. mos. ds.

(Signed) Harry J. Smith M. D.

Feb 14, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 7 ds. In the State 40 yrs.....mos.....ds.

Where was disease contracted if not at place of death? 527 N. Caroy St.

Former or usual residence 527 N. Caroy St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Druid Ridge Cemetery.	Feby. 17th, 1916.
20-UNDERTAKER	ADDRESS
E. M. Mitchell & Co.	1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 W. Lombard ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Emmerich

(Residence in Baltimore: No. 1328 W. Lombard St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 12, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Master
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Christian Emmerich

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mahala E. Harper

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. A. Holmes

(Address) 511 N. Gilmore St.

15-

Filed ....., 191.... Registrar.

FEB 15 1916 CHARLES E. SIMON

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 6th 1916, to February 14th 1916, that I saw h[illegible] alive on February 14th 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy
& Dilatation

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 7 yrs. mos. ds.

(Signed) J. Howard Schubart M. D.

Feby 15th, 1916. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feby. 16, 1916.
20-UNDERTAKER	**ADDRESS**
E. M. Mitchell & Co.	1207 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Winnie Moore

092302

HEALTH DEPARTMENT—CITY OF BALTIMORE

092302

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1360 Hostetter ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winnie Moore

(Residence in Baltimore: No. 1360 Hostetter St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... November 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Powell Moore

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca Powell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lonie Lowry

(Address) 1360 Hostetter St

15-

Filed ....., 191.... CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 11th., 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28th 1916, to Feb. 11th 1916, that I saw h[er] alive on Feb. 10th 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows: Acute Bright's Disease

..... (Duration) 4 yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... M. D.

Feb. 11th., 1916. (Address) 924 Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Feb. 15. 1916

20-UNDERTAKER Samuel L. Stanley

ADDRESS 578 Preble

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92303

HEALTH DEPARTMENT—CITY OF BALTIMORE

175 C92303

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital WARD)
2-FULL NAME Unknown
(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 35 yrs. ..... mos. ..... ds. } exact age Unknown

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

43

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- FEB 15 1916 CHARLES W. HEISE, Registrar.

Filed ....., 191.....

Registrar.

a morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull & Concussion of the Brain; probably struck by a train while trespassing railroad tracks — accident

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)

Feb 7 1916, (Address) 1719 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, FEB 15 1916

20-UNDERTAKER Commissioner Health. ADDRESS

per WM. F. WOODALL

C92304

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92304

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 812 E. Pratt St.: 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edwards

(Residence in Baltimore: No. Not Known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Not Known

6-DATE OF BIRTH, Not Known, (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
About 50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not Known
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, " "

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed FEB 15 1916, 191 CHARLES M. SINCLAIR Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. L. Jones M. D. (Coroner.)

Feby 10, 1916. (Address) D. L. Jones

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, FEB 15 1916, 19
20-UNDERTAKER	ADDRESS

PUBLIC Commissioner Health

Per. Wm. E. WOODALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H morgue

0932305

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 0932305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hahnemann General Hospital, 1123 N. Mount street, St.: 16 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Borlen,

(Residence in Baltimore: No. Unknown, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, ... Unknown, (Month) ..... (Day) 1 (Year)

7-AGE. 26? yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant,

(Address)

15- Filed FEB 15 1916, 191 CHARLES M. SINCLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) ..... 24th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at the base of skull, caused by leaping from a winlow in attempting to escape after burglarizing a house. (Accident) (Duration) 3 hrs. mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frederick Kempel, M. D. (Coroner.)

Jan. 25th 191 6 (Address) 3310 N. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ..... 1312 Harlem avenue, City.

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

FEB 15 1916 PUBLIC

Per. Wm. S. WOODALL Commissioner Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92306

C92306

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Essex ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Dembek Jr

(Residence in Baltimore: No. 2214 Essex St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb 7, 1916 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Frank Dembek Sr

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Stella Kalbka

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Dembek Sr

(Address) 2214 Essex St

15-

Filed....., 191.... CHARLES M. SINCLAIR Registrar.

FEB 17 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Feb 13 1916 and to Feb 14 1916, that I saw him alive on Feb 14 1916, and that death occurred, on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:

Patent Foramen ovale

(Duration) ....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Leo Kaulessar M. D.

....., 191... (Address) 1116 S. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Cemetery

DATE OF BURIAL. Feb 17, 1916

20-UNDERTAKER Stephen J. Kalbowski

ADDRESS 1019 S Kenwood Ave

C92307

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

189 C92307

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1626 Ashburton St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard R. Ellinger

(Residence in Baltimore: No. 1626 Ashburton St.; 1 yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb (Month) 13, (Day) 1915 (Year)

7-AGE: 1 yrs. mos. 1 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto md.

PARENTS

10-NAME OF FATHER: Jacob. B. Ellinger

11-BIRTHPLACE OF FATHER (State or country): Balto md.

12-MAIDEN NAME OF MOTHER: Mary Sharpley

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob B. Ellinger

(Address) 1626 Ashburton Street

15-

Filed ..... 191.....

CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1915, to, Feb. 14 1916, that I saw him alive on Feb. 13 1916, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ... yrs. 11 mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. R. C. Kelly M. D.

Feb. 14 1916. [Address] 2757 Wilmot Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feb 16, 1916

20-UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92308 HEALTH DEPARTMENT—CITY OF BALTIMORE C92308

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1467 Reynolds ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto E Brauns

(Residence in Baltimore: No. 1467 Reynolds St.; 70 yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... May (Month) 30 (Day), 1876 (Year)

7-AGE, 40 yrs. 8 mos. 15 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... N.Y.W.R.R.Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gustav Brauns

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Rsen

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Otto Brauns

(Address) 1467 Reynolds St

15-

Filed FEB 15 1916 CHARLES W. STNOT... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1st 1916, to Feb 13th 1916, that I saw h.m. alive on Feb 13th 1916, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

+ Cardiac Dropsy Pneumonia

(Duration) 3 yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs.....mos.....ds.

(Signed) T. E. O'Donnell M. D.

Feb 14 1916 (Address) 107 East

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Oakland Cemetery	Feb. 15, 1916
20-UNDERTAKER William Cook	ADDRESS 3328 North Ave

Dr. Thos O'Donell 107 - E - West St

Spec.—8-24-14—M. & T.—2000 Bks.

C92309

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92309

CERTIFICATE OF DEATH.

34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Md. Genrl. Hospital ST., 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Elizabeth Chatt

(Residence in Baltimore: No. 3038 Greenmount Ave St.; ....yrs. 10 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1915 (Year)

7-AGE, ...yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, August Chatt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Gertrude L Mullein

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August S Chatt

(Address) 3038 Greenmount Ave

15-

Filed....., 191.... CHARLES M. SINCLAIR, Registrar.

FEB 15 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1916, to Feb. 14 1916, that I saw her alive on Feb. 14 1916, and that death occurred, on the date stated above, at 11:45 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) ....yrs. 1 mos. ....ds.

(Signed) C. K. Moses M. D.

Feb. 14..., 191.6 (Address) Md. Genrl. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos 1 ds. In the State ....yrs. 10 mos. 1 ds.

Where was disease contracted, if not at place of death? 3038 Greenmount, ave

Former or usual residence 3038 Greenmount. ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb-16., 191...

20-UNDERTAKER Wm Cook — ADDRESS 3029 Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-19-13—M. & T.—500 Bks.

C92310

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92310

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Caudre ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Sekodt.

(Residence in Baltimore: No. 1426 Caudre St.; 35 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 5th., 1846. (Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): on Steam Yacht

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ? Sekodt.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Wood, M.D.

(Address) 1570 Fort Ave.

15- FEB 15 1916

Filed....., 191.... CHARLES M. SINCLAIR....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1916, to Feb. 14- 1916, that I saw h[illegible] alive on Feb. 14 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Heart (Duration) 20 yrs. mos. ds.

(Signed) A. Wood M. D.

2-14-, 1916 (Address) 1570 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Feb. 17, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

C92311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C92311

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 100 N. Front ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles H. West.

(Residence in Baltimore: No. 100 N. Front St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	M

6-DATE OF BIRTH, ?, 1 (Month) (Day) (Year)

7-AGE, about 60 yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ? H63
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), ?

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Records.

(Address)

15- Filed FEB 15 1916 101 CHARLES M. SINCLAIR Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~June~~ January 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute intestinal obstruction

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Adhesions

(Duration) yrs. mos. ds.

(Signed) H. H. Saunders M. D. (Coroner.)

Feb. 14 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner of Health.
FOR ANATOMICAL PURPOSES.

Morgue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92312

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92312

CERTIFICATE OF DEATH.

59

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 311 N. Greene ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Irene Gray

(Residence in Baltimore: No. 311 N. Greene St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1895
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) At home

9-BIRTHPLACE, (State or Country), ~~Unknown~~ Philadelphia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. H. Hurley

(Address) 311 N. Greene St.

15.

FEB 15 1916

Filed ....., 191.. CHARLES M. SINCLAIR

Registrar.

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Opium Poisoning

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)

Feby 7, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL, ..., 19....

20-UNDERTAKER Commissioner Health.

ADDRESS FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92313 64 C92313

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Provident Hosp Meng Hospital ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Russell

(Residence in Baltimore: No. 6 Temple St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	?

6-DATE OF BIRTH, ?, 1
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook. 876
(b) General nature of industry, business, or establishment in which employed (or employer). Restaurant

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country). ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country). ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police records

(Address)

15-

Filed 2-15, 1916 191

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. H. Chambers (Coroner.) M. D.

Feb. 14, 1916 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

CHARLES M. SINCLAIR

Commissioner Health,

FOR ANATOMICAL PURPOSES.

Morgue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C-92314 HEALTH DEPARTMENT—CITY OF BALTIMORE C-92314

Sneed

CERTIFICATE OF DEATH. 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Sneed

(Residence in Baltimore: No. 426 W. Biddle St.; 60 yrs., ..mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ..., 1852
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 87
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Noah Chase

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cynthia Nash

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Cynthia Sneed

(Address)... 502 S. Mary St.

15- Filed Feby 15/16 191.....

CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 15 1916, that I saw h-- alive on Feb 15 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

..... (Duration)..... yrs..... mos. 15 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration)..... yrs..... mos. ..... ds.

(Signed) C. F. Hooker M. D.

Feb 15..., 1916. (Address) 712 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Pneumonia

Former or usual residence 426 W. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb 17, 1916

20-UNDERTAKER J. C. Bishop

ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92315

CERTIFICATE OF DEATH.

92 C92315

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Baker

(Residence in Baltimore: No. 729 Mc Henry St. St.; 28 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1887 (Year)

7-AGE, 28 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Automobile Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): Self 318

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Chas. K. Baker

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Gertrude Conway

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bella Baker

(Address) 729 McHenry St

15-

Filed FEB 5 1916, 191.....

CHARLES M. SINCLAIR
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) / 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/5 1916, to 2/14 1916, that I saw him alive on 2/14 1916, and that death occurred, on the date stated above, at 4354 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left Side)

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M H Ellis M. D.

2/14, 191.6. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 2 yrs ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 729 Mc Henry St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem	Feb. 17., 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Baltimore St

Spec.—5-19-12—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92316

CERTIFICATE OF DEATH.

64 C92316

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 5) German aged Home ST.; 70 WARD)
Baltimore and Fenton Sts.
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Schlüzzler.
(Residence in Baltimore: No. German aged Home. St.; 77 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White.
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE. 79 yrs. mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Margaret
13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) German aged Home Keeper
(Address) Fenton & Baltimore Sts.

15-
Filed FEB 15 1916, 191.
CHARLES M. SINCLAIR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 14 1916, that I saw him alive on Feb. 14 1916, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 10 hrs mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) F. W. Hobelmann M. D.
Feb 14, 1916 (Address) 1908 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 19 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore, Md. DATE OF BURIAL, Feb. 16, 1916

20-UNDERTAKER Joseph L. Cook ADDRESS 1002 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92317

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92317

CERTIFICATE OF DEATH. No. 28

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. U. S. Marine Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Warmsley

(Residence in Baltimore: No. U. S. Marine Hospital St.: — yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 27 yrs — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) U.S. Statement of Admission to Hospital

15- FEB 15 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14 1915 to Feb 14 1916, that I saw ... alive on Feb 14 1916, and that death occurred, on the date stated above, at 4.36 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Amyloid Disease

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Chas Wade M. D.

Feb 15, 1916. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 10 mos. 0 ds. In the State yrs. 10 mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence U S Marine Hospital

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb 15 1916

20-UNDERTAKER Edwards Funeral Chapel — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92318 HEALTH DEPARTMENT—CITY OF BALTIMORE C92318

CERTIFICATE OF DEATH. 20

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 W Barre St.; 22 WARD) REGISTERED NO. C

2-FULL NAME Louis Graham Griffith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 13 W Barre St.; 32 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Nov (Month) 2 (Day), 1883 (Year)

7-AGE, 32 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John L. Griffith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura A Trost

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Griffith

(Address) 13 W. Barre St

15- FEB 15 1916 REGISTRAR OF VITAL STATISTICS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1916, to Feby 14 1916, that I saw him alive on Feby 14 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Accident fall (Hurt his back which developed a sore)

(Duration) ....yrs. ....mos. 4 ds.

(Signed) H. L. Harrison M. D.

Feb 15, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Olivet C. DATE OF BURIAL, Feb 16. 1916.

20-UNDERTAKER F.A. Krause ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92319 64 C92319

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Montebella Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella M. Abbott

(Residence in Baltimore: No. 3107 Montebella Ave St.; 60 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. 3, (Month) ....., (Day) 1839 (Year)

7-AGE,	If LESS than 1 day,
76 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, Thomas Russel

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co. Md

12-MAIDEN NAME OF MOTHER Pat Enavn

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Abbott

(Address) 3107 Montebella Ave

15-

Filed FEB 15 1916 1916 HARRY O. ANDREAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 13, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1916, to Feb. 13 1916, that I saw h[illegible] alive on Feb. 10 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Williams Tillbury M. D.

Feb. 15, 1916 (Address) 2801 Gor Ward

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cem.	Feb. 16, 1916

20-UNDERTAKER	ADDRESS
Robert J Turner	1920 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C92320

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92320

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Robinson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Charles Ferns

(Residence in Baltimore: No. 610 N. Robinson St. St.; ..... yrs., 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, June 7, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Edward Ferns

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Margaret Elizabeth Weaver

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Ferns

(Address) 610 N. Robinson St.

15-FEB 15 1916 MARY O. ANDREWS,

Filed ....., 191.... CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 13 1916, to February 14 1916, that I saw h[im] alive on February 14 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchio-pneumonia 2 days

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank J. Ash M. D.

2-14-16, 191.6. (Address) 1937 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Feb. 16, 1916
20-UNDERTAKER	ADDRESS
Wm J. Schaefer & Son	1800 Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92321

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Sarah Ann ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Young

(Residence in Baltimore: No. 1002 Sarah Ann St.; 41 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Julia Patchel

(Address) 113 S Saratoga St

15-

Filed FEB 15 1916, 191.. MARY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 12 191 6, to Feb 13 191 6, that I saw h alive on Feb 12 191 6, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY. Pulmonary Oedema
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Howard M. D.

Feb 13, 1916 (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Feb 16, 1916

20-UNDERTAKER Alfred J Freeland — ADDRESS 1145 Cherry

C92322

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92322

CERTIFICATE OF DEATH.

155

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Bufelot

(Residence in Baltimore: No. 806 S. Sharp St

St.; 20 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stock clerk
(b) General nature of industry, business, or establishment in which employed (or employer): clothing house

9-BIRTHPLACE. (State or Country). City

PARENTS.

10-NAME OF FATHER, Herman Bufelot

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Annie Holzman

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Bufelot

(Address) 806 S. Sharp St.

15- Filed FEB 15 1916, 191 DAILY & ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Bichloride of mercury tablets by mouth

(Duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos R Blanchard (Coroner.) M. D.

Feb 15, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Henry Ave DATE OF BURIAL, Feb 16, 1916

20-UNDERTAKER, L. Levinson & Bro ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C92323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C92323

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2851 Prospect ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezra L. Mears

(Residence in Baltimore: No. 2851 Prospect St.; ....yrs., 1 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December (Month) 30 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Howard Mears

11-BIRTHPLACE OF FATHER (State or Country), V. a

12-MAIDEN NAME OF MOTHER Pauline Drummond

13-BIRTHPLACE OF MOTHER (State or Country), V. a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Mears

(Address) 2851 Prospect St.

15-

Filed FEB 15 1916, 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Feb 15th 1916, that I saw h.. alive on Feb 15th 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Enterocolitis Catarrhal

(Duration) ....yrs. ....mos. 10 ds.

(Signed) C. L. Joslin M. D.

Feb 15th, 1916. (Address) 745 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Kemmas Park Cemetery	Feb 16, 191..
20-UNDERTAKER Lowe Co	ADDRESS 502 E North

C/o Howard Mears Wm P. R.R.

Spec.—8-24-14—M. & T.—2000 Bks.

C92324

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92324

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Hawthorne Ave ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Guthrie

(Residence in Baltimore: No. 4002 Hawthorne Ave St.; 62 yrs. — mos. — da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Married.

6-DATE OF BIRTH, August (Month) 23 (Day) 1853 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 5 mos. 23 da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): (Produce)

9-BIRTHPLACE, (State or Country), Snow Hill Md.

PARENTS.

10-NAME OF FATHER, James Guthrie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Euphemia Jones.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Guthrie Briant

(Address) 4002 Hawthorne Ave

15- FEB 15 1916

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 1916, to Feb 15 1916, that I saw him alive on Feby 15, 1916, and that death occurred, on the date stated above, at 10.00 a. m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Lobar

2.

3.

(Duration) 3 da.

CONTRIBUTORY (Secondary) Fatty Dilation.

(Duration) 6 mos. da.

(Signed) Hugh Forsythe M. D.

....., 191... (Address) 424 E North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Feb 17, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

C92325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92325

172

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. St., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Birch Suard

(Residence in Baltimore: No. 1100 W. Fayette St.)

25 (Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1863 (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Richard Birch

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Fannie Neubel

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Mc Knight

(Address) 1005 N. Mount St

15- Filed FEB 15 1916, 191. HARRY O. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fall on pavement

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) Geo. A. Guthrie M. D. (Coroner.)

Feb. 15th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/4 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1100 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Feb 16, 1916

20-UNDERTAKER Chas. C. Evans & Son ADDRESS 118 W. Mt. Royal Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92326

CERTIFICATE OF DEATH.

C

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Westwood Avenue 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Pilston Segerman

(Residence in Baltimore: No. 3023 Westwood Avenue St.; 72 yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow of

6-DATE OF BIRTH, ...Feb'ry.... (Month) 1st (Day) ....., 1844 (Year)

7-AGE, ...72.... yrs. ....mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... not any .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Alexander Hall

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Ann Pilston

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Segerman

(Address) 3023 Westwood Avenue

15- Filed FEB 15 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Feb'ry.... (Month) 14th (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4th 1916, to Feb 14th 1916, that I saw h er alive on Feb 14th 1916, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Gastritis

..... (Duration) — yrs. — mos. 3 ds.

(Signed) William J. Sullivan M. D.

Feb 14 1916 (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cem.	Feb 17..., 1916
20-UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92327

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92327

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Gough ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Catalano

(Residence in Baltimore: No. 1402 Gough St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 12, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) In-fant.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Leonard Catalano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Pasqua Raffetti

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Catalano

(Address) 1402 Gough

15- FEB 16 1916 Registrar's Office

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29 1916, to Feb. 15 1916, that I saw him alive on Feb. 15 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Asthenia

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs....mos. 17 ds.

(Signed) A. Palumbo M. D.

Feb. 15, 191.6 (Address) 316 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents	Feb. 16, 1916.
20-UNDERTAKER William Fiaschetti	ADDRESS 1618 Eastern Ave

C92328

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C92328

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 605 Grmelow St ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Rhoda Scarborough

(Residence in Baltimore: No. 605 Grmelow st' St.: 70 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dont Know', 1 (Month) (Day) (Year)

7-AGE: about 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework'
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): North Carolina

PARENTS

10-NAME OF FATHER: Hord Sauer

11-BIRTHPLACE OF FATHER (State or country): N. Carolina

12-MAIDEN NAME OF MOTHER: Emmelia Commander

13-BIRTHPLACE OF MOTHER (State or country): N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Grasty

(Address) 605 Greenwilow St

15 Filed FEB 16 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb-1 (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan' 3rd, 1916, to Feb-14, 1916, that I saw her alive on Feb-13', 1916, and that death occurred, on the date stated above, at 6:9 m.

The CAUSE OF DEATH* was as follows:

Probably Cancer of Stomach'

(Duration) yrs. 6 mos. ..... ds

Contributory (SECONDARY) Cancer of Breast removed 2yrs Past

(Duration) yrs. Don't Know mos. ..... ds.

(Signed) W K Gorrough M. D.

Feb-15, 1916 (Address) 117 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Feb 16 1916

20-UNDERTAKER: Jas A Hooper ADDRESS: 609 Little Pca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92329 64 92329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 E Lanvale St.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Godfrey

(Residence in Baltimore: No. 1417 E Lanvale St.; 51 yrs., 2 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November (Month) 17th (Day), 1864 (Year)

7-AGE, 51 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Making Employer

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Godfrey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Annie E Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha A. Godfrey

(Address) 1417 E Lanvale St

15. FEB 16 1916 ROBERT F. KRAUTH, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14th 1916, to Feb 14th 1916, that I saw h[illegible] alive on Feb 14th 1916, and that death occurred, on the date stated above, at 1045 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. 4 hrs

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Feb 15th 1916 (Address) 507 [illegible] St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feb 17th, 1916
20-UNDERTAKER	**ADDRESS**
George Schilling & Son	1121 E Monument

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92330

CERTIFICATE OF DEATH

151 C92330

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2005 N Pulaski ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Lillian & Geo Rousch

(Residence in Baltimore: No. 2005 N Pulaski St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
Female	White	Single

6 DATE OF BIRTH Feb 15, 1916 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. 2 hours ds. | If LESS than 1 day, 2 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) 2005 N Pulaski Balto, Md

PARENTS

10 NAME OF FATHER George Rousch

11 BIRTHPLACE OF FATHER (State or country) Balto.

12 MAIDEN NAME OF MOTHER Lillian Greiner

13 BIRTHPLACE OF MOTHER (State or country) Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Rousch

(Address) 2005 Pulaski St

15 FEB 16 1916 ROBERT J. KRAUSER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1916, to Feb 15 1916 that I saw h[illegible] alive on Feb 15, 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Premature birth
(7 month pregnancy)

(Duration) ..... yrs. ..... mos. 2 hours ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 2 hours ds.

(Signed) Chas. H. Burbert M. D.

Feb 16, 1916. (Address) 1104 Eutaw, Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Feb 16, 1916

20 UNDERTAKER Josiah Espe | ADDRESS 1600 W Pratt av

Spec.—8-24-14—M. & T.—2000 Blks.

C92331

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92331

CERTIFICATE OF DEATH.

1916

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1719 Westwood ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca J. Vansant

(Residence in Baltimore: No. 1719 Westwood ave St. ..... yrs. ..... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Dec (Month) 22 (Day), 1846 (Year)

7-AGE, 69 yrs. 1 mos. 22 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joshua Vansant

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna M. Miller

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Young

(Address) 1719 Westwood ave

15- Filed FEB 16 1916, 191.. ROBERT . KRAUSER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Feb 14 1916, that I saw h[illegible] alive on Feb 14 1916, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from history (Duration) 6 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cushane M. D.

Feb 15 1916 (Address) 2100 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Feb 16, 1916
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92332

CERTIFICATE OF DEATH.

3 C92332

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 6 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Holland

(Residence in Baltimore: No. 162 N. Potomac St.; 29 yrs., 3 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 13, 1886
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 3 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tube Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Elec. Co.

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Robt W. Holland

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Puschel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Holland

(Address) 162 N. Potomac

15-

Filed FEB 16 1916 ROBERT P. KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 8 1915, to Feb. 14 1916, that I saw him alive on Feb. 14 1916 and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Pulm. Disease

(Duration) 4 Mos. 6 Days

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 6 Days

(Signed) [illegible] M. D.

Feb 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 2 mos. 2 ds. In the State 29 yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? 162 N. Potomac St

Former or usual residence 162 N. Potomac St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Carmel	Feby 17, 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

C92333

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C92333

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2438 Maryland Ave ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Walter Bennett Gehre

(Residence in Baltimore: No. 2438 Maryland Ave St.; 30 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov 29 (Month) , 1874 (Year) (Day)

7 AGE: 41 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Novelty advertising 313
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Robert Gehre

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Agnes L Bennett

13 BIRTHPLACE OF MOTHER (State or country): Ohio.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nora Jenny Gehre

(Address) 2438 Maryland Ave

15 FEB 16 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 14 (Day) , 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 , 1916 , to Feb 14 1916, that I saw him alive on Feb 14 , 1916 and that death occurred, on the date stated above, at 1.35 P M.
The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) Intestinal obstruction

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Nora Jenny Gehre

Feb 14 , 1916. (Address) 2438 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 17 , 1916

20 UNDERTAKER: Chas. G. Black — ADDRESS: 1201 W. Mulberry St

C92334

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92334

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 10 Bretons Lane ST. 8 WARD) REGISTERED NO. C

2-FULL NAME Ida M. Baldwin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 10 Bretons Lane St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 16th, 1912.
(Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel A Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Samuel A Baldwin

(Address) No 10 Bretons Lane

15- Filed FEB 16 1916 191 ROBERT J. KRAUTHER, Burial Permits Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis Duration 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 10 Bretons Lane

Former or usual residence 10 Bretons Lane

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Chapel Cemetery	Feb 17th 1916
20-UNDERTAKER Henry Hook Sons	ADDRESS 1301 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92335 C92335

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Fulton Ave. ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Lineweaver

(Residence in Baltimore: No. 735 N. Fulton Ave St.; 67 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, September 17, 1833 (Month) (Day) (Year)

7-AGE, 82 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, Peter F. Lineweaver

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md

12-MAIDEN NAME OF MOTHER Maria Kuhl

13-BIRTHPLACE OF MOTHER (State or Country), Hanover, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Ruckle

(Address) 135 N. Fulton Ave

15- Filed FEB 16 1916 191.....

ROBERT , KRAUTER, VITAL STATISTICS CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Feb. 15 1916, that I saw h[illegible] alive on Feb 15 1916, and that death occurred, on the date stated above, at 6 6. m.

The CAUSE OF DEATH* was as follows:

Central Haemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) unknown yrs. mos. ds.

(Signed) Homer C. Todd M. D.

Feb 15, 1916 (Address) 735 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Feb 17 1916.

20-UNDERTAKER Bertrand Gore ADDRESS 1723 W. Lafayette Ave

Spec.—3-24-14—M. & T.—2000 Bks.

C92336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C92336

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Park Heights St. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Elizabeth Lindia Trier

(Residence in Baltimore: No. 3402 Park Heights Ave St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	widowed

6-DATE OF BIRTH, ... Apr (Month) 9th (Day) 1837 (Year)

7-AGE, 76 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Henry Trier

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Catherine Maurer

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Geo. Trier

(Address)..... 3402 Park Heights Ave

15- Filed FEB 16 1916, 191.. ROBERT KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) 14 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Feb 14 1916, that I saw h.. alive on Feb 14 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

..... Pneumonia

..... Hypostatic Congestion

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. E. Blume M. D.

Feb 15, 191 6 (Address) 1601 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pine Lawn | DATE OF BURIAL, Feb 17, 191 6

20-UNDERTAKER H. C. Mantz | ADDRESS 1624 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92337

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92337

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Falls Road ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Hattie Lee Jones

(Residence in Baltimore: No. 3706 Falls Road St.: 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Oct 26 (Month), (Day), 1893 (Year)

7-AGE, 23 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Richard Richette

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Mary Streets

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Richettz

(Address) 3706 Falls Road

15-

Filed FEB 16 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to Feb 14 1916, that I saw her alive on Feb 14 1916, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Edema of lungs

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (Duration) ..... yrs. 9 mos. ..... ds.

(Signed) Herbert M Foster M. D.

Feb 14, 1916. (Address) 813 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, Feb 18, 1916

20-UNDERTAKER Ebenezer Sons — ADDRESS Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92338

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92338

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Roland Ave ST. 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out (No. 18.)

2-FULL NAME Kate I Lamey

(Residence in Baltimore: No. 3711 Roland Ave St.; 80 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1832 (Year)

7-AGE, 84 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Thomsen

(Address) 3711 Roland Ave

15- FEB 16 1916 HENRY G. ROGERS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb 15 1916, that I saw her alive on Feb 15 1916, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchitis (Acute)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) C Hoagland M. D.

2/16, 1916. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Feb 18 1916

20-UNDERTAKER Chenoweth Son

ADDRESS Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92339

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92339

CERTIFICATE OF DEATH.

REGISTERED No. C 137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Rafferty

(Residence in Baltimore: No. 1832 Light St St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE,~~ MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH. ..... (Month) 9 (Day) 20 (Year) 1855

7-AGE, 30 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob Wagner

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Lillian Michael

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Fahey

(Address) 1315 Light St

15-

Filed FEB 16 1916, 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb 14 1916, that I saw h[illegible] alive on Feb 14 1916, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Puerperal Peritonitis

(Duration) ....yrs. ....mos. 3 ds.

(Signed) H. S. Denny M. D.

2/14/16 191... (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 30 yrs. 5 mos. 6 ds.

Where was disease contracted, if not at place of death? 1832 Light St

Former or usual residence 1832 Light St

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cem. Co. DATE OF BURIAL. Feb 17, 1915

20-UNDERTAKER John J. Fahey & Sons ADDRESS 1315 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

C92340

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92340

CERTIFICATE OF DEATH.

5 - 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ida Eisenberg

(Residence in Baltimore: No. 138 Argyle St.; 10 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis

(Address) 1449 E Balto St

15- FEB 16 1916 BUREAU OF VITAL STATISTICS,
Filed ....., 191.. Registration Dist'k .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 14 1916, to February 16 1916, that I saw her alive on February 16 1916, and that death occurred, on the date stated above, at 10.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Marcus Astin M. D.

2/16, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 138 Argyle St.

Former or usual residence 138 Argyle St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 2/17, 1916

20-UNDERTAKER Jacob Louis

ADDRESS 1449 E Balto

C92341

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92341

CERTIFICATE OF DEATH

REGISTERED No. C 1579

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3303 Walbrook Ave St. 15 WARD)

2 FULL NAME Katharine Wright

(Residence in Baltimore: No. 3303 Walbrook Ave St.; — yrs. — mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 6, 1839 (Month) (Day) (Year)

7 AGE: 76 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Alman Wright

11 BIRTHPLACE OF FATHER (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Katharine Stemmler

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Ollie Wright

(Address) 3303 Walbrook Ave

15 Filed FEB 16 1916, 191 HARRY O. ANDREWS, Assistant to the City Register
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1916, to Feb 14 1916, that I saw her alive on Feb 14, 1916, and that death occurred, on the date stated above, at 6.30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) Several yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) James Cummings M. D.

Feb 16, 1916 (Address) 2109 Harrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 17, 1916

20 UNDERTAKER: W. J. McKewan Inc — ADDRESS: Pennsylvania Ave

C92342

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92342

CERTIFICATE OF DEATH

1 PLACE OF DEATH .

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 10 N. Hare ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Foltz

(Residence in Baltimore: No. 10 N. Hare St; 72 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widower

6-DATE OF BIRTH May 15, 1843
(Month) (Day) (Year)

7-AGE 73 yrs. 9 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Henry Kolb

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catharine Eyrich

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John E. Foltz

(Address) 10 N. Hare St

15 FEB 16 1916 Filed ..... 191 HARRY O. ROGERS, Burial Permit Clerk REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1915, to Feb. 15 1916, that I saw h... alive on Feb. 15 1916, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma (of Uterus).
Cervical Diagnosis
Uremia
(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Cardiac Asthenia
(Duration) yrs. 1 mos. ds.

(Signed) Wm. E. Bryant M. D.

Feb 15, 1916 [Address] 1015 E. Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 18, 1916

20-UNDERTAKER: Tom Cook

ADDRESS: 502 E. Fayette

Spec.—5-19-13.—M. & T.—500 Blks.

C92343

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92343

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 N. Eutaw St ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Thompson

(Residence in Baltimore: No. 935 N. Eutaw St St.; 30 yrs., \ mos., \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1845 (Year)

7-AGE, ...71.... yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Aaron Morgan

11-BIRTHPLACE OF FATHER (State or Country), Mich.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olivia Carroll

(Address) 935 N. Eutaw St.

15- FEB 16 1916 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14, 1916, (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ 1914 to Feb 1916,
that I saw h~~er~~ alive on Feb 10th 1916,
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

General Paralysis
following Apoplexy
and Arterio-Sclerosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

about 4 yr (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Silas Bond Thom M. D.

Feb 16 1916 (Address) Zapsan 700

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt. Auburn Cem

DATE OF BURIAL. Feb. 17, 1916

20-UNDERTAKER Geo H. Holland

ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92344

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

C92344

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elnora Seitz

(Residence in Baltimore: No. 2521 W. Lombard St.; 15 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Wht.	Married

6-DATE OF BIRTH, May (Month) 30 (Day), 1874 (Year)

7-AGE, 41 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ga

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Seitz

(Address) 2521 W. Lombard St

15- FEB 16 1916 MABEL O. ADAMS,

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 13 1916, to February 15 1916, that I saw h.. alive on February 15 1916, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Mitralis

Don't Know (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Marcus Ostro M. D.

February 15 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 15 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2521 W. Lombard St.

Former or usual residence 2521 W. Lombard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Glen Rock Pa	February 18, 1916
20-UNDERTAKER	ADDRESS
Lange & Schmelz & Bro	2201 Eutaw Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

<28 C92345

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital ST.) 4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Bowers

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos. 18 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Negro	Widowed

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1869 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm. 022

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Bowers

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Steward

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Union Bridge Md

15- FEB 16 1916 ROBERT O. VANDERFORD, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb- 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to Feb- 16 1916, that I saw h..alive on Feb 15-16 1916, and that death occurred, on the date stated above, at 9 75 a. m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

2

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis Laryngitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. D. Logan M. D.

Feb-16, 1916. (Address) Union Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 18 ds. In the State 47 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Union Bridge Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Unionbridge Md	Feb. 17., 1916

20-UNDERTAKER	ADDRESS
Wm Routson	230 H...

Spec.—8-24-14—M. & T.—2000 Blks.

C92346

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92346

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 W. Saratoga ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas E. Neaumann

(Residence in Baltimore: No. 1052 W. Saratoga St ..... St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1830 (Year)

7-AGE, 85 yrs. 7 mos. 11 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Neaman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Carroll

(Address) 28 Hillsdale

15- FEB 16 1916 REGT'R OF DEEDS, BALTIMORE CITY

Filed ....., 191.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1916, to July 16th 1916, that I saw him alive on July 15th 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Stenosis (Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac arterio Sclerosis

(b) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward E. Neal M. D.

July 16, 191.. (Address) 1227 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	July 18, 191.6.
20-UNDERTAKER Wm Cook	ADDRESS 502 North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92347

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C92347

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No 2305 N Charles ST 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Louisa Hynson

(Residence in Baltimore: No. 2305 N Charles St.: — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 14, 1850 (Month) (Day), 1 (Year)

7-AGE: 65 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Nathaniel T Hynson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Emma M Medford

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry P Hynson

(Address) Latrobe Apts.

15. Filed FEB 16 1916 MARY O. ARMIGER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 16th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 4, 1914, to. February 16 1916, that I saw her alive on February 16, 1916, and that death occurred, on the date stated above, at 4.30 P m.
The CAUSE OF DEATH* was as follows:

Myocarditis - with high blood pressure

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Cerebral Apoplexy

(Duration) yrs. mos. 8 ds.

(Signed) Robertin Litchell M. D.

Feb. 16, 1916 (Address) 2112 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Still Pond Hunt Co. Md

DATE OF BURIAL: Feb 17, 1916

20-UNDERTAKER: E M Mitchell & Co

ADDRESS: 1201 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92348

CERTIFICATE OF DEATH.

151 C92348

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. Decker ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Daughter of Tilden & Edna Waller

(Residence in Baltimore: No. 609 S. Decker ave St.; ..... yrs. ..... mos. Life ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 9 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Tilden Waller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Edna Wharton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Tilden Waller

(Address) 609 S. Decker ave

15- FEB 17 1916 ROBERT . KRAUTER, Registrar.
Filed ..... 191.. Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 16 1916, that I saw her alive on Feb 16 1916, and that death occurred, on the date stated above, at 2-P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. O. Lang M. D.

2/16, 1916. (Address) 2701 Eastern ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Feb. 17, 1916
20-UNDERTAKER H. Sanders & Sons	ADDRESS 1918 Fleet St

C92349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C92349

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Edmondson ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza B. Kellum

(Residence in Baltimore: No. 2516 Edmondson ave St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widowed

6-DATE OF BIRTH, ? (Month) 2 (Day) 1848 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, David Blackshear

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Susan Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard A. Kellum

(Address) 2516 Edmondson Ave.

15- FEB 17 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Feb 12 1916, that I saw her alive on Feb 12 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Clinical Diagnosis

? (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) C. R. Edmondson

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Shipman M. D.

Feb 17, 1916. (Address) 2520 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hadesboro N. C.	Feb. 17, 1916
20-UNDERTAKER Edw. Mitchell Co	ADDRESS 120 N. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92350

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1438 West ST.; 21 WARD) REGISTERED No. C 79

2-FULL NAME Ellsworth Dixon

(Residence in Baltimore: No. 1438 West St.; 57 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1865 (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Buckwagon

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Wm Dixon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Posey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Dixon

(Address) 1438 West St

15- Filed FEB 17 1916 ROBERT . KRAUTHER, 191 Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11 1916, to Feb 15 1916, that I saw h— alive on Feb 14 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) H. E. Norwood M. D.

Feb 15 1916 (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery DATE OF BURIAL, Feb 17, 1916.

20-UNDERTAKER Alfred J Freeland ADDRESS 25 1144 Schroder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92351

1 PLACE OF DEATH

53 C92351

REGISTERED No. C

CITY OF BALTIMORE (No. 710 N. Fulton Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edwin Cramer

(Residence in Baltimore: No. 710 N. Fulton Ave – St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. – 2, 1855 (Month) (Day) (Year)

7-AGE: 61 yrs. 0 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Receiving teller Railway
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): York Pa.

PARENTS

10-NAME OF FATHER: Francis Marian Cramer

11-BIRTHPLACE OF FATHER (State or country): York Pa.

12-MAIDEN NAME OF MOTHER: Margaret A Fisher

13-BIRTHPLACE OF MOTHER (State or country): York Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Emma Cramer

(Address) 710 N Fulton Ave

15. Filed FEB 17 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. – 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June – 11, 1915, to Feb. – 15 1916, that I saw h[illegible] alive on Feb. – 15 –, 1916, and that death occurred, on the date stated above, at 5.15 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid Static Leukaemia

(Duration) yrs. 9 mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wilbur P. Stubbs M. D.

Feb. – 16, 1916 (Address) 647 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Stewartstown Pa — DATE OF BURIAL: Feb. 17, 1916

20-UNDERTAKER: George J. Smith — ADDRESS: 1008 N. Fayette St.

Spec.—5-13-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92352 C92352

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Madison ave. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Shaw

(Residence in Baltimore: No. 2215 Madison Ave. St.; 77 yrs. 8 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 24, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: No paid occupation
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Erasmus Shaw

11-BIRTHPLACE OF FATHER (State or Country), Boston, Mass.

12-MAIDEN NAME OF MOTHER, Catherine Elder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth E. Shaw

(Address) 2215 Madison Ave.

15- Filed FEB 17 1916 191 HUBERT F. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby. 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19 1915, to Feby. 15 1916, that I saw h[er] alive on Feby. 14 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Heart disease (Contributory Senility)

about 1
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Feb. 15 1916. (Address) 2216 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, February 17 1916.

20-UNDERTAKER H. E. Hughes — ADDRESS 17 W. Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C92353

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Paul's Rock ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Herman Knittel

(Residence in Baltimore: No. 622 E. Clement St.; 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 5th, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fredricka Knittel

(Address) 622 E. Belvedere Ave.

Filed FEB 17 1916, 191.. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Arteriosclerosis

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Decubitus Gangrene of Sacral Region

..... (Duration)..... yrs..... mos..... ds.

(Signed) Chas. H. Chatard M. D.
(Coroner.)

Feb. 16, 1916 (Address) 1 E. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 14 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 622 E. Clement St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Feb. 17, 1916
20-UNDERTAKER	ADDRESS
J. Perry & Co.	2008 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92354 C92354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Frazier

(Residence in Baltimore: No. 2003 Oak St.; 4 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) 1866 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Record
(Address)

15 FEB 17 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb. 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 14 1916, that I saw him alive on Feb 14 1916, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

" Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas H Voges M. D.

Feb 16, 1916 (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2003 Oak St.

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Feb. 16, 1916

20-UNDERTAKER John H Owens — ADDRESS 1222 Druid

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92355

C92355

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Argyle Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Freeman

(Residence in Baltimore: No. 1504 Argyle Ave St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Widow

6-DATE OF BIRTH, Don't Know (Month) (Day), 1841 (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Charlestown Md

PARENTS.

10-NAME OF FATHER, William Seney

11-BIRTHPLACE OF FATHER (State or Country), Charlestown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Charlestown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Owens

(Address) 318 Myrtle Ave

15- Filed. FEB 17 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) – 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 26 1916, to Feby 15th 1916, that I saw her alive on Feby 15th 1916, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Dropsy

Valvular Disease of the Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. 1 mos. ds.

(Signed) C W Baetler M. D.

Feby 16 1916 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Charlestown Md	Feb 19 1916
20-UNDERTAKER	ADDRESS
John H Owens	1220 Druid Pk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—2-24-14—M. & T.—3000 Blks.

Joseph Jones Jr.

C92356

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92356

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N Calhoun ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jones Jr

(Residence in Baltimore: No. 1009 N Calhoun St.; ..... yrs., 0 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 10 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Joseph Jones Sr.

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md

12-MAIDEN NAME OF MOTHER Emma Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Jones Sr.

(Address) 1009 N Calhoun St.

15- FEB 17 1916 ROBERT . KRAUTER, Registrar.
Filed..... 191... By ..... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 15 1916, that I saw him alive on Feb 15 1916, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia ..... and .....
..... Bronchitis .....
..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) ... Bronchitis & Pneumonia
..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) L. H. W. Kennard M. D.

Feb 16 1916. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Feb 17, 1916
20-UNDERTAKER	ADDRESS
Sam'l W. Duval Sons	400 N Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82357 C82357

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hosp. St. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jones (Jones)

(Residence in Baltimore: No. 902 Raborg St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Aug 30, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Jones

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Beatrice Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Winn

(Address) 902 Raborg st

15- Filed FEB 17 1916, 191. ROBERT J. KRAUTER, REGISTRAR.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns & Body Shock (accident)

Ignited clothes while trying to light fire with Gasoline

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Pitzen M. D.
(Coroner)

Feb 17, 1916 (Address) 242 N 16th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1/2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?..... 902 Raborg

Former or usual residence 902 Raborg

19-PLACE OF BURIAL OR REMOVAL, Interment [illegible] DATE OF BURIAL, Feb 18 1916

20-UNDERTAKER Felix B Pyle ADDRESS 102 E Mulberry St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 W. 25th St.; 12 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustine M. Barding

(Residence in Baltimore: No. 20 W. 25th St.; 50 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 27th, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Augustine Barding

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Barbara Timmes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. Barding

(Address) 20 W. 25th St.

15- FEB 17 1916 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1915, to Feb 1916, that I saw h.. alive on Feb 16 1916, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Uraemia chronic

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Lantz M. D.

Feb 17, 1916. (Address) 2040 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Feb 19, 1916
20-UNDERTAKER H. M. Gaulbert	ADDRESS 1624 N Regal Ave

C92359

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C92359

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1304 N. Mount street, ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary McAbee,

(Residence in Baltimore: No. 1304 N. Mount street, St.; yrs., 1 mos. 24 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, December (Month) 24th (Day), 1915. (Year)

7-AGE, 0 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Fisher,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER, Daisy McAbee,

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy McAbee, mother,

(Address) 1304 N. Mount street.

15 FEB 17 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 14th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
((non sequela exanthemae).)
(Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) F. Frederick Kempel, M. D. (Coroner.)

Feb. 14th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Zion	Feb 17, 1916
20-UNDERTAKER	ADDRESS
James H. Dunn	333 Preston

Spec.—5-19-13—M. & T.—500 Bks.

C92360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C92360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Myrtle ave; ST.; 4 WARD)

REGISTERED No. C

2-FULL NAME Mollie Mayberry Green

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 219 Myrtle Ave, St.; 25 yrs. mos. ds.)

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown ....., 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Calvert co Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 1303 Presstman

15-

Filed FEB 17 1916 191. ROBERT . KRAUTHER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 15 1916, that I saw her alive on Feb 15 1916, and that death occurred, on the date stated above, at 8,30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
(Final)

(Duration) yrs. mon. 15 ds.

CONTRIBUTORY (Secondary) Stomach

(Duration) yrs. mon. 12 ds.

(Signed) C H Thomas M. D.

Feb 16 1916 (Address) 714 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Feb 19, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92361

CERTIFICATE OF DEATH.

91 C92361

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wildy

(Residence in Baltimore: No. 1312 Argyle Ave St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Black	Single

6-DATE OF BIRTH, January (Month) 19 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Gardner Wildy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Minnie Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed FEB 17 1916 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 5 1916, to February 15 1916, that I saw him alive on February 15 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) K Pleasants M. D.

Feb. 16, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1312 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Feb 18 1916

20-UNDERTAKER James H Denny — ADDRESS 1303 Division

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92362

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C92362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S. Duncan St.; WARD) 1

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ena Brocki

(Residence in Baltimore: No. 327 S. Duncan St.; .....yrs. .....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	White	Single

6-DATE OF BIRTH Feb. 14, 1916
(Month) (Day) (Year)

7-AGE .....yrs. .....mos. 3 ds. If LESS than 1 day, ...hrs., or .....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Joseph Brocki

11-BIRTHPLACE OF FATHER (State or country) German

12-MAIDEN NAME OF MOTHER Ena Brocki

13-BIRTHPLACE OF MOTHER (State or country) German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ena Brocki

(Address) 327 S. Duncan St.

15- Filed FEB 17 1916 191.....

HENRY J. KRAUTER
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14, 191.., to, Feb. 17, 191..,
that I saw h.. alive on Feb. 15, 191..,
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH* was as follows:

Atelectasis.

.....(Duration) .....yrs. .....mos. .....ds.

Contributory (SECONDARY) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed), Meehan & Kupsaw M. D.

Feb 17, 191.., [Address] 1008 Cathedral St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Feb 17, 191 6
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92563 C92563 151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3157 Sloffard ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Edgar + Anna Smith

(Residence in Baltimore: No. 3157 Sloffard St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Sing.

6-DATE OF BIRTH, Feb. (Month) 17 (Day), 1916 (Year).

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Edgar Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Anna Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Smith

(Address) 3157 Sloffard

15- Filed FEB. 17 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 17 1916, that I saw him alive on Feb 17 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Premature Labor

5 hr Months Pregnancy

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

.... (Duration)....yrs....mos....ds.

(Signed) Howard Jones M. D.

Feb. 17, 1916. (Address) Lansing

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Feb. 17th, 1916
20-UNDERTAKER Charles H. Dill	ADDRESS 3109 Fred'k. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92364

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92364

CERTIFICATE OF DEATH.

152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 S. Edmond ave St.; ..... WARD)

2-FULL NAME Infant Kahl

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 141 S Edmond ave St.; ..... yrs., ... mos. 2 1/2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb. (Month) ..... 16th (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 2/ hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Augustine Kahl

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth McElroe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustine Kahl

(Address) 141 S. Edmond ave

15-

Filed FEB 17 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 16 1916, that I saw him alive on Feb 16 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Knox Insley M. D.

Feb 17, 1916. (Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 17, 1916
20-UNDERTAKER John J. Inman	ADDRESS Barnstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92365

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C92365

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Russell ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gudrun Jaeger

(Residence in Baltimore: No. 1010 Russell St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 11 (Day) In 1881 (Year)

7-AGE: 34 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cooker 220
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Jaeger

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Rosina Bentz

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosina Jaeger

(Address) 1010 Russell St.

15- Filed FEB 17 1916, 191— MARY O. ADAMS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1915, to, July 15 1916, that I saw h— alive on July 14 1916, and that death occurred, on the date stated above, at 9 30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) yrs. 6 mos. ..... ds.

Contributory (SECONDARY) General Debility

..... (Duration) yrs. 2 mos. ..... ds.

(Signed), H. Bell Bowers M. D.

July 16, 1916. [Address] 1228 Linn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feby 18 1916

20-UNDERTAKER: E. Schumacher Son ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C92366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W Balto St ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Berkowitz

(Residence in Baltimore: No. 922 W. Balto st St.; 24 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 51 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Uriel Kaplan

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER dda

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J Levis .....

(Address)..... 1419 E Balto St .....

15-

FEB 17 1916 HARRY O ALLEN

Filed..... 191.. Special Deputy Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb. 17 1916, that I saw h.r alive on Feb 13 1916, and that death occurred, on the date stated above, at 3 30 4 m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease.

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute dilitation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harry Glassman M. D.

Feb. 17, 1916. (Address) 2687 Ingleside Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mehren Rosedale	2/18, 1916
20-UNDERTAKER Jack Levis	ADDRESS 1419 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

C92367

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C92367

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Brookfield Ave., ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Kempner,

(Residence in Baltimore: No. 2101 Brookfield Ave., St.; 48 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White.	Married

6-DATE OF BIRTH, ... Jan. (Month) 18th. (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. ..... mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Commission 60'
(b) General nature of industry, business, or establishment in which employed (or employer)..... merchant,

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Joseph Kempner,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Rosalie Rosenthal,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Kempner,

(Address)..... 2101 Brookfild Ave.,

15- Filed FEB 17 1916, 191... HARRY O. ...
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb 16 1916, that I saw h last alive on Feb 16 1916, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

..... Rotar Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... Edward ..... M. D.

Feb 16, 191... (Address) 1533 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Hebrew,	Feb. 18th. 6 ....., 191...
20-UNDERTAKER David Goodlein	ADDRESS 118 W. Mt. Roy

Spec.—8-24-14—M. & T.—2000 Blks.

C92368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92368

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 W. North Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Schenthal

(Residence in Baltimore: No. 748 W. North Ave.,

St.; 24 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single,

6-DATE OF BIRTH, Mch. (Month) 14th, (Day) 1869. (Year)

7-AGE,	If LESS than 1 day,
46 yrs. 11 mos. 2 da.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Schenthal,

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sarah Goldsmith,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Will. Schenthal,

(Address) 748 W. North Ave.

15- FEB 17 1916

Filed ..... 191... HARRY O ARLEMAN, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16th, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 191 6, to Feb 16 1916, that I saw h[illegible] alive on Feb 16 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 12 da.

CONTRIBUTORY (Secondary) Cerebral Oedema

(Duration) ..... yrs. ..... mos. 1 da.

(Signed) Julius Friedman M. D.

Feb 17 1916 (Address) 10 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew.

DATE OF BURIAL, Feb. 18th, 1916

20-UNDERTAKER [illegible]

ADDRESS 118 W. Mt. Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92369 HEALTH DEPARTMENT—CITY OF BALTIMORE C92369

CERTIFICATE OF DEATH. × 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Schreiber

(Residence in Baltimore: No. University Hospital St.: 11 yrs. nos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feby. 27th, 1893. (Month) (Day) (Year)

7-AGE, 23 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jame Dobbs ?

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Nettie Shorn

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred'k Schreiber

(Address) 1724 Lemon St

15- Filed FEB 17 1916, 191 MARY O. ADAMS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1916, to Feb 16 1916, that I saw h er alive on Feb 16 1916, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ... yrs. ... mos. 1 Hrs ds.

CONTRIBUTORY (Secondary) Tuberculosis Pleurisy

(Duration) ... yrs. unknown mos. ... ds.

(Signed) ... M. D.

F.C.I.C., 191 6. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. 7 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1724 Lemon St.

19-PLACE OF BURIAL, OR REMOVAL, Bolivar Cem. DATE OF BURIAL, Feb 17 1916.

20-UNDERTAKER Geo D Gerbig ADDRESS Balto Hayes 56

Spec.—8-24-14—M. & T.—2000 Bks.

C92370

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C92370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 W Fort ave ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Fry

(Residence in Baltimore: No. 152 W Fort ave St.; 67 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH. April 3, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired?
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe-maker

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Fry

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. V. Harryman

(Address) 2410 Montebello Ave

15-
FEB 17 1916
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 17 1916, that I saw h.. alive on Feb 16 1916, and that death occurred, on the date stated above, at 6.4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. E. Campbell M. D.

Feb 17, 1916 (Address) 164 S Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Baltimore Cemetery	Feb 19, 1916
20-UNDERTAKER William Cook	ADDRESS 702 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92371

1-PLACE OF DEATH University Hospital 50

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD) REGISTERED No. C .....

2-FULL NAME Alex Stuart (Stant)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 722 W. Lexington St St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 26 (Month) ..... (Day) ....., 1863 (Year)

7-AGE. 52 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer) 502

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Samuel Stanton

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Stuart

(Address) 722 W. Lexington

15- FEB 17 1916 CLERK OF RECORDS,
Filed ....., 191.. Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 17 1916, that I saw h alive on Feb 17 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
.....
.....
..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetic Coma
..... (Duration) 6 yrs. ..... mos. 1 ds.

(Signed) H. W. Klein M. D.

2/17, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State Unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 722 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 19, 191..

20-UNDERTAKER Mr Cook — ADDRESS 502 E. Pratt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

692372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 692372

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ferguson

(Residence in Baltimore: No. 2831 Gilmor St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Feb (Day) 13, (Year) 1916.

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 8 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Scott Ferguson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rebecca Coal

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gilmurray, MD

(Address).....

15- Filed FEB 17 1916, 191.... MARY O'ALARA Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb 13 1916, that I saw h[illegible] alive on Feb 13 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration).....yrs.....mos.....ds.

(Signed) John Gilmurray M.D.

....., 191... (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos. 5 hrs. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL.	FEB 17 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

WM. E. WOODALL

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

C92373 HEALTH DEPARTMENT—CITY OF BALTIMORE C92373

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harmon

(Residence in Baltimore: No. 1426 Eutaw alley St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, February 16, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 7 hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John W Dorsey

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Ida Harmon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S Murray Jr MD

(Address) .....

15- FEB 17 1916 Registrar. MARY O ARGABRIGHT Burial Permit 31944

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 16 1916 that I saw h[illegible] alive on Feb 16 1916. and that death occurred, on the date stated above, at 6.45 A.M. The CAUSE OF DEATH* was as follows:

Congenital Syphilis

.....

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity - 9 months

.....(Duration)....yrs....mos....ds.

(Signed) John S Murray Jr M. D.

Feb 16, 1916. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	FEB 17 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

C92374 HEALTH DEPARTMENT—CITY OF BALTIMORE C92374

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S Broadway ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Simms

(Residence in Baltimore: No. 101 S Broadway St.; 66 yrs. 6 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W-Fule	Widowed

6-DATE OF BIRTH, August 4, 1848. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 6 mos. 12 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Christpha Johns.

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Rebecca Wells

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. H. Ries

(Address) 101 S Broadway

15- Filed FEB 17 1916, 191.. HARRY O ... Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-12 1916, to 2-16 1916, that I saw her alive on 2-16 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) J. E. Gately M. D.

2-17, 1916 (Address) 111 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb. 17, 1916

20-UNDERTAKER	ADDRESS
Wendell Kippel & Son	37 W Lem St

C92375

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Burgundy St. 21 Ward)

Registered No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Granger

(Residence in Baltimore: No. 903 Burgundy St. 49 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 11 (Day) 1866 (Year)

7-AGE: 50 yrs. 1 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Kaller.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Granger

(Address) 903 Burgundy St

15- Filed FEB 17 1916, 191 MARY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 15 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to, Feb 15 191..., that I saw h.. alive on Feb 14 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs 1 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) J Jany Boyd M. D.

Feb 16, 191 6 [Address] 60 E Columbus

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Feb 18, 191...

20-UNDERTAKER: Joseph R Cook ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200[illegible]lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92376

CERTIFICATE OF DEATH.

152 C92376

1-PLACE OF DEATH Hospital for the Women of Md

CITY OF BALTIMORE: (No. Lafayette Ave & John ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Regan

(Residence in Baltimore: No. (551 E. 38½ St.) Parents Residence) (8 hrs)

(If less than 1 day, yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 16 (Month) 16 (Day) 1 (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, 8 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Edward Regan

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Ulani Wahlberg

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Sampson

(Address) Woman's Hospital

15- Filed FEB. 18. 1916, 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 16 1916, that I saw him alive on Feb 16 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Toxemia

(Duration) 9 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Difficult forceps delivery

(Duration) 9 yrs. mos. ds.

(Signed) Victor R. Turner M. D.

2.17.16 191... (Address) Woman's Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death Woman's Hospital ... yrs. ... mos. ... ds. In the State Md. yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Feb 18, 191.6

20-UNDERTAKER H. E. Hughes

ADDRESS 17 N. Broadway

CAUSE OF DEATH is, plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C92377

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 W Henrietta ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Jones

(Residence in Baltimore: No. 429 W Henrietta St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... June ..... 11 ....., 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balti md

PARENTS.

10-NAME OF FATHER, Chas H Jones.

11-BIRTHPLACE OF FATHER (State or Country). Balti Md

12-MAIDEN NAME OF MOTHER Martha Jones

13-BIRTHPLACE OF MOTHER (State or Country). Balti md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Hattie Murry .....

(Address) ..... 429 W Henrietta St .....

15- FEB 18 1916 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb 16 1916, that I saw h im alive on Feb 15 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

..... Intestinal Indigestion .....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... H S McCard ..... M. D.

2-17, 191 6 (Address) 2005 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem — DATE OF BURIAL, Feb 18, 1916

20-UNDERTAKER J L Brown & Son — ADDRESS 108 N Monty

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92378 C92378

CERTIFICATE OF DEATH.

9 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 9 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Constance M. Schilling

(Residence in Baltimore: No. 1732 Caswell St St.; 8 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 6th (Month) (Day), 1883 (Year)

7-AGE, 33 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), London England

PARENTS.

10-NAME OF FATHER, Richard Heywood

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Tinkman

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Troxell

(Address) 1442 N Gay St

15- Filed FEB 18 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Feb 16 1916, that I saw her alive on Feb 16 1916, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Operation Jan 19-1916

(Duration), 10 yrs. mos. ds.

CONTRIBUTORY. Carcinoma of Stomach (Supposed)
(Secondary) Carcinoma of R Ovary.

(Duration) yrs. mos. ds.

(Signed) Howard W. Bryan

2/17/16, 191... (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 8 yrs. mos. ds.

Where was disease contracted, if not at place of death? Tinkman

Former or usual residence 1732 Caswell St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 17, 191.6

20-UNDERTAKER Geo Troxell — ADDRESS 1442 N Gay St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C92379

64 C92379

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Poppleton St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin B. Burke.

(Residence in Baltimore: No. 205 S. Poppleton St. St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male.

4-COLOR OR RACE, white.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 7, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Richard J Burke.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine Mulligan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Burke.

(Address) 415 S Schroeder St.

15- FEB 18 1916 Filed ..... 191... ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 16, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb 16 1916, that I saw h[illegible] alive on Feb 16 1916, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

a .....
Cerebral Hemorrhage
..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis
..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) E Wm Lutkemeier M. D.

Feb 18, 191... (Address) 24 E Fenton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb 18, 1916.

20-UNDERTAKER John Pearson Son

ADDRESS 401 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92380 92 (92380)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora Mary Manford

(Residence in Baltimore: No. 1636 Hanford Ave St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH. ..... February (Month) 27th (Day) 1876 (Year)

7-AGE. 39 yrs. 11 mos. 23 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Newfield N. Y

PARENTS.
10-NAME OF FATHER, Joseph R Dalton
11-BIRTHPLACE OF FATHER (State or Country), England
12-MAIDEN NAME OF MOTHER Elizabeth A Stoker
13-BIRTHPLACE OF MOTHER (State or Country), Courtland Co N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Martin Manford Jr
(Address) 1636 Hanford ave

15- Filed FEB 18 1916 ROBERT . KRAUTER, 191... Mch 181 Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Feb. 15 1916, that I saw h[illegible] alive on Feb. 15 1916 and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:
Myocarditis
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pneumonia
(Duration) ..... yrs. ..... mos. 9 ds.
(Signed) Edward H. Beach M. D.
Feb 16 1916, (Address) 2226 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 1 mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 1636 Hanford ave
Former or usual residence 1636 Hanford ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	February 20th 1916
20-UNDERTAKER George Schilling & Sons	ADDRESS 1124 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92381

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92381

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 2863 W. Lafayette Ave ST. 16th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Reinhardt

(Residence in Baltimore: No. Fulton Ave & Franklin St.: 50 yrs. — mos. — ds.)
Home of Aged of the M. E. Church,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH: December 9, 1849 (Month) (Day) (Year)

7 AGE: 66 yrs. 2 mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Fred. Kaffas

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Gabel

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Reinhardt

(Address) 2806 W. Lanvale st

15 Filed FEB 18 1916, 19... HOBART . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 17, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December, 1915, to Feb 17 1916, that I saw h.. alive on Feb 17, 1916, and that death occurred, on the date stated above, at 11 15 a m.
The CAUSE OF DEATH* was as follows:

Belinary Calculi, Cirhosis of Liver

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Renal Calculi & Arterio Sclerosis

(Duration) yrs. 3 mos. ds.

(Signed) Dr. Grantham M. D.

Feb 17, 1916. (Address) 1925 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death: yrs 6 mos. 1 ds. In the State: 50 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 20, 1916
20 UNDERTAKER: William Cook	ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92382 — 79 — C92382

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Hickory St., 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha S. McClain

(Residence in Baltimore: No. 3611 Hickory St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Mar 7, 1877
(Month) (Day) (Year)

7-AGE. 38 yrs. 10 mos. 9 ds. If LESS than 1 day, ..hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Sylvester Kesel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jemima Hoffacker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent L. McClain

(Address) 3611 Hickory Ave

15- FEB 18 1916 ROBERT PRAUTER Burial Permit Clerk

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 16 1916, that I saw her alive on Feb 16 1916, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation with Mitral & Aortic Regurgitation

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion during Childbirth (Duration) 4 yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 17, 1916 (Address) 3843 Pulaski Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Marys Hayden	Feb 18, 1916
20-UNDERTAKER	ADDRESS
William Cook	501 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92383

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C92383

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1018 E. Madison St.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Batson

(Residence in Baltimore: No. 1018 E. Madison St.: Life yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 24 (Month) ..... (Day), 1860 (Year)

7 AGE: 55 yrs. 4 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer #3
(b) General nature of industry, business, or establishment in which employed (or employer): White Washing

9 BIRTHPLACE (State or country): Maryland Balto

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Batson, wife

(Address) 1018 E. Madison

15 FEB 18 1916 Filed ....., 191.....

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December, 1915, to Feb. 16 1916.

that I saw him alive on 16 Feb .1916.

and that death occurred, on the date stated above, at 12. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Sandrock M. D.

Feb 17, 1916 (Address) 1242 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 20, 1916

20 UNDERTAKER: Edward B. Jones — ADDRESS: 1117 W. Saratoga

Spec.—8-24-14—M. & T.—3000 Blks.

Emma Willis

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92384 C92384

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 311 N. Gilmore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Willis

(Residence in Baltimore: No. 311 Gilmore St.; 20 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 24 (Month) (Day) 1843 (Year)

7-AGE, 72 yrs. 1 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Earl

(Address) 311 N. Gilmore St.

15- Filed FEB 18 1916, 191... ROBERT . KRAUTER Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1915, to Feb 15 1916, that I saw h~~er~~ alive on Feb 15 1916, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia ~~Chronic~~

Bronchitis

Dropsy (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ~~Heart~~ Dropsy

(Duration) yrs. 1 mos. 5 ds.

(Signed) Gill Neumann M. D.

Feb 16 1916 (Address) 1 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Feb 17, 1916

20-UNDERTAKER Charles B Jones

ADDRESS 1112 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92385 C92385

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E. Chase, St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F. Gough Jr

(Residence in Baltimore: No. 603 E. Chase St.; 4 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 17, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm F. Gough

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie E. Connor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Gough

(Address) 603 E. Chase St

15-FEB 18 1916 ROBERT . KRAUTER,
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 14th 1916, to Feb. 16th 1916, that I saw h.....alive on Feb. 16th 1916, and that death occurred, on the date stated above, at 6 3/4 m.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 1 ds.

(Signed) Gustav Wolters M. D.

Feb. 16th, 1916. (Address) 1210 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, Feb. 19, 1916

20-UNDERTAKER H. C. Wiedefeld

ADDRESS 914 Greenmit Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92385 C92386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Myrtle Ave ST.; 17 WARD)

REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Hurdle

(Residence in Baltimore: No. 1327 Myrtle Ave St.; ...yrs., ...mos. Life ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Dec 23rd (Month) (Day), 1906 (Year)

7-AGE, 9 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Harry Hurdle

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Marie Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Hurdle

(Address) 1327 Myrtle Ave

15- Filed FEB 18 1916, 191... ROBERT . BRAUTER. Burial Permit Clerk. Registrar.

2 P. m.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July. 15th 1916, to July. 17th 1916, that I saw h~~im~~ alive on July 17th 1916, and that death occurred, on the date stated above, at 1 5 m.

The CAUSE OF DEATH* was as follows:

Malignant Scarlet Fever

..... (Duration)...yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral menin-gitis (Duration).....yrs.....mos. 2 ds.

(Signed) Silas Baldwin M. D.

July 17, 1916 (Address) 700 W Lan. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, Feb 18, 1916

20-UNDERTAKER, A Fahey & Son — ADDRESS, 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 C92387

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Linwood St. Ant WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Nitzel.

(Residence in Baltimore: No. 119 S. Linwood Ave St.: 61 yrs., 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec 24, 1854 (Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City Balto.

PARENTS.

10-NAME OF FATHER: John G. Nitzel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret S. Mayer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Nitzel

(Address) 119 S. Linwood Ave

15-FEB 18 1916 ROBERT . KRAUTER,

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 17, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jany 7 1916, to Feby 17 1916, that I saw her alive on Feby 16 1916, and that death occurred, on the date stated above, at 6-30a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast (Operation)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - Nephritis

Exhaustion (Duration) yrs. 1 mos. 14 ds.

(Signed) Caleb Winters M. D.

Feby 17, 1916. (Address) 100 S Potters Point

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Pauls Luth Cemty DATE OF BURIAL: Feb 20, 1916

20-UNDERTAKER: Wm A Rohde & Son ADDRESS: 730 Potter

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92388 C92388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2202 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Landefeld

(Residence in Baltimore: No. 2202 Jefferson St.) Life (.....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, April 5th, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country). Baltimore City Md.

PARENTS.

10-NAME OF FATHER. Conrad Velte

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Catherine Lindt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Katherine Landefeld
(Address) 2202 Jefferson St.

15 FEB 18 1916 ROBERT . KRAUTER,
Filed....., 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 16 1916, that I saw her alive on Feb 15 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Myocardites
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Indigestion
(Duration) ....yrs. ....mos. 1 ds.

(Signed) Abraham Cotton M. D.
Feb 17, 1916 (Address) 1303 Mad av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Pauls Cemetery DATE OF BURIAL. Feb. 19, 1916

20-UNDERTAKER L. Sander Sons ADDRESS 1710 Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Surratt R. Warfield

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092389 120 092389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 N Mount ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Surratt R. Warfield

(Residence in Baltimore: No. 1149 N. Mount St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, December 15th, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Water Plug Tapper
(b) General nature of industry, business, or establishment in which employed (or employer): Inspector

9-BIRTHPLACE, (State or Country), Carroll County, Md

PARENTS.

10-NAME OF FATHER, Surratt L. Warfield

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co. Md

12-MAIDEN NAME OF MOTHER, Clarissa J. Gore

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Talbert M.D.

(Address) 701 N. Carrollton Ave

15- Filed FEB 18 1916, 191. ROBERT . KRAUTHER, Burial Permit ..... Registrar.

N. B.—Each item of information should be given as correctly as possible. Any item not known or important should be stated UNKNOWN. PHYSICIANS should be particularly careful. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 16th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1917, to February 16th 1916, that I saw him alive on February 16th 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Traumatic

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) Howard Talbert M. D.

Feby 16th, 1916. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Freedom Carroll Co Md

DATE OF BURIAL, Feb 19, 1916.

20-UNDERTAKER Geo. W. Little

ADDRESS 531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

Joseph P. Conley

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92390 104 C92390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Clement ST.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Conley

(Residence in Baltimore: No. 1411 Clement St.: life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 29, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm J Conley

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Anna Murphy

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Conley

(Address) 1411 C Clement St

15- Filed FEB 18 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 Feb 1916, to 17 Feb 1916, that I saw him alive on 17 Feb 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion
Tinea Cruris

(Duration) .... yrs. 1 mos. 19 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) .... yrs. 1 mos. 19 ds.

(Signed) Francis Lopez M. D.

2/18/16, 191. (Address) 1505 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Feb 19, 1916

20-UNDERTAKER John J Fahey & Sons — ADDRESS 1718 Light St

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

C92391

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 310 East ST.: 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nunziaela Monda

(Residence in Baltimore: No. 310 E. East St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February 10th, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Monda

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Nunziada Zita

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Monda

(Address) 310 E. East St.

15- FEB 18 1916 ROBERT . KRAUTER,
Filed ..... 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st degree burns of all parts, caused by accidently catching clothing on fire

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 5 mos. ds.

(Signed) Wm. H. Savage M. D.
(Coroner.)

Feby 18, 1916. (Address) 129 Middleton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Vincent Cemetery	Feb. 19, 1916
20-UNDERTAKER George J. Ruth	ADDRESS 1736 Harford Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92392 19 C92392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Charles ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aldridge Young

(Residence in Baltimore: No. 2015 N. Charles St. St.; 59 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 5. (Day) 1837 (Year)

7-AGE, 78 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 955
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mfgs agent.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John B. Young

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Eliza Aldridge

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin B. Young

(Address) 2005 N. Charles St.

15- FEB 18 1916 Filed ..... ROBERT KRAUTKER Burial Permit Dist. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 1910, to Feby. 18 1916, that I saw h.. alive on Feby 16 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

1.
Exhaustion.
.....
..... (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old age. Natural.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Adams M. D.

Feby 18, 1916. (Address) 2124 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Feby 19, 1916

20-UNDERTAKER E. W. Mitchell & Co. ADDRESS 120 W. Fayette

Spec.—8-24-14—M. & T.—2500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92393

CERTIFICATE OF DEATH.

28 C92393

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 E. Preston St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Earl Tille

(Residence in Baltimore: No. 736 E Preston St.; 21 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 11 (Day), 1869 (Year)

7-AGE, 46 yrs. 10 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Signal foreman
(b) General nature of industry, business, or establishment in which employed (or employer)..... for Washington Terminal Co

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, Carl Tille

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Hohmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie L. Tille

(Address) 736 E. Preston St.

15- FEB 18 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1915, to Feb 16 1916, that I saw h... alive on Feb 16 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration).....yrs. 4 mos.....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration).....yrs. 3 mos.....ds.

(Signed) John F. Crouse M. D.

2/18/16, 191... (Address) 1603 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Prospect Hill Cemetery	Feb. 19..., 1916.
20-UNDERTAKER Henry Houck & Son	ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—5000 Blks.

C82694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 C82694

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N. Collington Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marianella Wolf

(Residence in Baltimore: No. 934 N. Collington Ave St.; 4 yrs., 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 2 (Month) (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 10 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Wolf

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Frances Woll

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frances Wolf

(Address) 934 N. Collington Ave

15- Filed FEB 18 1916, 191. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Feb 17 1916, that I saw h.er alive on Feb 17 1916, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John S. Fenby M. D.

2/18, 1916. (Address) 1223 N. Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, Feb 19, 1916.

20-UNDERTAKER Henry Houck & Son

ADDRESS 1301 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-26-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92395

CERTIFICATE OF DEATH.

79

C92395

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Westphale

(Residence in Baltimore: No. 1216 N. Eden St.; 30 yrs., 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November (Month) 8 (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 3 mos. 9 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Grosse

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Baerschmidt

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Louis J. Westphale

(Address) 1216 N. Eden St.

15- Filed FEB 18 1916, ROBERT . KRAUTER, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 5 1916, to Feby 17 1916, that I saw h.. alive on Feby 17 1916, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Heart disease

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Edema of Pulmonary

(Duration) yrs. mos. 6 ds.

(Signed) F. T. Robertson M. D.

Feby 18, 1916. (Address) 716 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Feb. 21, 1916.
20-UNDERTAKER Henry Houck & Son.	ADDRESS 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6 24 1—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C#2396 C#2396

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1107 Ashland Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Matilda Schaefer

(Residence in Baltimore: No. 1107 Ashland Ave. St.; 74 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, February (Month) 19 (Day), 1834 (Year)

7-AGE, 81 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, M. Holz.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Doud

(Address) 1107 Ashland ave

15- Filed FEB 18 1916 191... Robert, Krauter, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 13 191 6, to Feb. 15. 191 6, that I saw h[illegible] alive on Feb. 17. 191 6, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Fatal Erysipelas

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Jno. H. Hartman M. D.

Feb. 18, 191 6 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Feb. 21, 191 6
20-UNDERTAKER	ADDRESS
Henry Stoeckert Son	1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93597

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 S. Eutaw ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Yeager.

(Residence in Baltimore: No. 129 S. Eutaw St. St.; 50 yrs., — mos. — ds.)

CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH October 14, 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 7 ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country). Shrewsbury, Pa

PARENTS.

10-NAME OF FATHER, Robert Richey,

11-BIRTHPLACE OF FATHER (State or Country) Schrewsbury, Pa

12-MAIDEN NAME OF MOTHER Unknown. —

13-BIRTHPLACE OF MOTHER (State or Country). Unknown. —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond L. Yeager

(Address) 129 S. Eutaw St.

15- Filed FEB 18 1916, 191. ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1916, to Feb 16, 1916, that I saw h[er] alive on Feb 15th 1916, and that death occurred, on the date stated above, at 11.05 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Chas. Norris M.D.

2/16, 1916. (Address) 8736 Yantand Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, 2/18, 1916.

20-UNDERTAKER Robt. Brooks & Son — ADDRESS 17 S. Calhoun St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92398 C92398

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Pratt ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hagadorn

(Residence in Baltimore: No. 164 E. Pratt St. 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec. 17, 1884 (Month) (Day) (Year)

7-AGE, 31 yrs. 1 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: Geo. S. Billington

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Warfield

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. P. Hagadorn

(Address) 1611 E. Pratt St.

15- FEB 19 1916 Filed, 191 MARY O. ANDREAS Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Feb. 16 1916, that I saw her alive on Feb. 16 1916, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Disease of Heart

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) J. Wheeler M. D.

Feb. 17, 1916 (Address) 165 Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb. 19, 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

A.C. Entry of information in books or cards or card system supplied. ALSO CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92389 C92389

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 Mosher street, ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy V. Jones,

(Residence in Baltimore: No. 1426 Mosher street, St., 6 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 29th (Day), 1902. (Year)

7-AGE, 14 yrs. 0 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Charles Jones,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER May Mason,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Mason, mother,

(Address) 1426 Mosher street.

15- Filed FEB 19 1916, 191.. HARRY O. [illegible], Burial Permit Clerk & Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 17th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) 0 yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Frederick Kemp M. D. (Coroner.)

Feb. 18th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Feb 19. 1916
20-UNDERTAKER Felix B. Pye	ADDRESS 1028 W Lexington St.

C92400 C92400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 804 N Spring ST.: 10 WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R Baxter

(Residence in Baltimore: No. 804 N Spring St.; —yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Nov. 20th, 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louis Baxter

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa. Baxter

(Address) 804 N. Spring st

15- FEB 19 1916

Filed ....., 191.... BABY O ARRASO, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
topsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs....mos....ds.

(Signed) Edward J. Gorman M. D.
(Coroner)

Feb 17th, 1916 (Address) Baltimore Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feby 19th 1916
20-UNDERTAKER	ADDRESS
Felix B Pise	1026 E Mulberry st

C92401

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C92401

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 Greenmount Ave. St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry M Quarles

(Residence in Baltimore: No. 562 Greenmount Ave St.; 40 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1847 (Year)

7-AGE: 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver R 62nd
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Wagon

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Bolen Quarles

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Peggy Quarles

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Owens

(Address) 562 Greenmount Ave

15- FEB 19 1916 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Febr. (Month) 16. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febr. 11, 1916, to, Febr. 16 1916, that I saw h— alive on Feb. 11 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Organic Cardiac Disease

(Duration) ..... yrs. 2 mos. ..... ds.

Contributory (SECONDARY) Arterio-Sclerosis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed), John G. Thorpe M.D.

Febr 17 1916. [Address] 206 N. Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: Feb 19, 1916

20-UNDERTAKER: David Easton

ADDRESS: 916 Pa ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92402

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92402

CERTIFICATE OF DEATH.

1916

REGISTERED No. C-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Woods

(Residence in Baltimore: No. 813 E Eutaw St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1880 (Year)

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): State Roads

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Morgan Woods.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Allen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morgan Woods

(Address) 837 Tyson St

15- FEB 19 1916 HARRY O. ANDREWS, Filed ..... 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to Feb 17 1916, that I saw h[illegible] alive on February 17 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Surgical shock -

(Duration) 6 hrs,

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Houston Pearson M. D.

Feb 18, 1916. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State Life ds.

Where was disease contracted, if not at place of death? State Roads

Former or usual residence 813 Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Rockville Md — DATE OF BURIAL, 2-18, 1916

20-UNDERTAKER Jno L Skinner — ADDRESS 5th & Biddle

(Over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92403

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

C92403

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L Chisham

(Residence in Baltimore: No. 730 S Durham St.; 41 yrs. 3 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: 1874 Oct 29 (Month) (Day), 1874 (Year)

7-AGE: 41 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Lead worker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Maryland City

PARENTS

10-NAME OF FATHER: Timothy Chisham

11-BIRTHPLACE OF FATHER (State or country): Liverpool Eng.

12-MAIDEN NAME OF MOTHER: Mary L. Riggins

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. H. Preston

(Address) Johns Hopkins Hospital

15- Filed FEB 19 1916, 191.... CLERK OF BOARD, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14, 1916, to, Feb 16 1916, that I saw him alive on Feb 15 1916, and that death occurred, on the date stated above, at 1 10 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

..... (Duration) ? yrs — mos — ds.

Contributory (SECONDARY): Interstitial Myocarditis Encephalitis

Lead poisoning? (Duration) ? yrs ..... mos ..... ds.

(Signed), George H Preston M. D.

Feb 16, 1916. [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 3 ds. In the State 41 yrs 3 mos 18 ds.

Where was disease contracted, if not at place of death? Baltimore Md

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Patricks	Feb 19 1916
20-UNDERTAKER: Kelly & Friem	ADDRESS: 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

C92404

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92404

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ~~1819~~ 1819 Eutaw Place, ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Lehman,

Residence in Baltimore: No. 1819 Eutaw Place, St.; 50 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, Mch. (Month) 20th. (Day) 1835 (Year)

7-AGE, 80 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cattle Dealer, 67
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Theodore Lehman,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Cecelia Stern,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lehman,

(Address) 1819 Eutaw Place,

15-

Filed FEB 19 1916, 191... Burial Permit O.K. MARY O. SULLIVAN, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17th. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Octobr 25' 1909, to Feby 17' 1916, that I saw him alive on Jany 30' 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis—

(Cerebral

(Duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) — yrs. — mos. 1 ds.

(Signed) Louis P. Hamburger M. D.

Feby 17' 1916 (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom Cemetery

DATE OF BURIAL, Feb. 20th, 191...6

20-UNDERTAKER Hart & Goodheim

ADDRESS 1524 Eutaw Place

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92405

CERTIFICATE OF DEATH

92 C92405

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 810 Harlem Ave ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Dunn

(Residence in Baltimore: No. 810 Harlem Ave. St.: 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH May (Month) 8 4/11 (Day) 1856 (Year)

7-AGE 60 yrs. 9 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist 311
(b) General nature of industry, business, or establishment in which employed (or employer): McShanes Brass Foundry

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: James Dunn

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Duggan

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Dunn

(Address) 8 3/4 Harlem Ave

15. Filed FEB 19 1916 191 MARK O. [illegible], Burial Permit Clerk & REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 16, 1916, to February 16, 1916, that I saw him alive on February 17, 1916, and that death occurred, on the date stated above, at 2.30A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt L. Murray M D M. D.

(Address) 510 N Fremont Ave

Feb 17th, 1916

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 19. 1916
20-UNDERTAKER: H. C. Browning's Son	ADDRESS 517 N. Schroeder St

C92406

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

C92406

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1318 Calverton Rd St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie M. Vaughn

(Residence in Baltimore: No. 1318 S. Calverton Rd. St.; 2 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 14 (Day) 1883 (Year)

7-AGE: 32 yrs. 11 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Housework at home

9-BIRTHPLACE (State or country): Maryland Md

PARENTS

10 NAME OF FATHER: Chas. Harris

11-BIRTHPLACE OF FATHER (State or country): Eastern Shore Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Vaughn

(Address) 1318 S. Calverton Rd

15- Filed FEB 19 1916 191

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 31, 1916, to, Feb 18 1916 that I saw h~~er~~ alive on Feb 18 1916, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ..... yrs ..... mos. 19 ds.

Contributory (SECONDARY): Diphtheria

(Duration) ..... yrs ..... mos. 19 ds.

(Signed), W. S. Tibbett M. D.

Feb. 18, 1916 [Address] Jarrison & Cliftons

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Feb. 19, 1916

20-UNDERTAKER: George Lohmat & Bro

ADDRESS: 2101 Eutaw Ave

2-30 P M

Spec.—8-24-14—M. & T.—2000 Blks.

C92407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

C92407

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Division St. ST.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Henriette Murray

(Residence in Baltimore: No. 1537 Division St. St.: 0 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ~~October~~ October 4, 1915 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
0 yrs. 4 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. James W. Murray, Jr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Fannie E. Scott

13-BIRTHPLACE OF MOTHER (State or Country). Fredricksburg, Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Noxon Toomey

(Address)..... 27 North Carey St.

15- Filed FEB 19 1916 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1916, to Feb. 16 1916, that I saw her alive on Feb 16 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:
Congenital malformation of the heart.
Dyspepsia, gastric
(Duration) 0 yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary) Dyspepsia, gastric
Autopsy showed umbilical hernia
(Duration) 1 yrs. 2 mos. 0 ds.

(Signed)..... Noxon Toomey ..... M. D.

2/18/16, 191... (Address) 126 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn cemetery

DATE OF BURIAL. Feb 18, 1916

20-UNDERTAKER Felix B. Tyce.

ADDRESS 1028 Mulberry St

CAUSE OF DEATH must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92408 — 92 C92408

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2101 St. Paul Street St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Patterson Kerr

(Residence in Baltimore: No. 2101 St. Paul Street St.; 65 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widowed

6-DATE OF BIRTH: February 28, 1840 (Month) (Day), 1 (Year)

7-AGE: 75 yrs. 11 mos. 19 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Secry of Various Companies
(b) General nature of industry, business, or establishment in which employed (or employer): of Penn. R. R. 24

9-BIRTHPLACE (State or country): Middletown Dauphin Co., Pa.

PARENTS

10-NAME OF FATHER: Robert J. Kerr

11-BIRTHPLACE OF FATHER (State or country): Londonderry, Ireland

12-MAIDEN NAME OF MOTHER: Elizabeth Patterson

13-BIRTHPLACE OF MOTHER (State or country): Staten Island, N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clark Kerr

(Address) 1519 Linden Ave.

15- Filed FEB 19 1916 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 13. 1916, to, Feby 17. 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY) Special pneumonia

(Duration) mos. ds.

(Signed) Geo. H. Hartman M. D.

Feb. 18, 1916 [Address] 1121 N Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	2/19/16 191

20-UNDERTAKER: Henry W. Meau & Son — ADDRESS: 805 N. Calvert St.

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

C92409 — 28 — C92409

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3636 Roland Ave. St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Males

(Residence in Baltimore: No. 3636 Roland Ave. St.; 30 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Aug. (Month) 8 (Day), 1869 (Year)

7-AGE 46 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Moulder (Iron) 323
(b) General nature of industry, business, or establishment in which employed (or employer) Poole Engineering Co.

9-BIRTHPLACE (State or country) Balto. Co. Md

PARENTS

10-NAME OF FATHER William H. Males

11-BIRTHPLACE OF FATHER (State or country) Indiana

12-MAIDEN NAME OF MOTHER Julia Rook

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Males

(Address) 3636 Roland Ave.

15- Filed FEB 19 1916 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1915, to Feb 17 1916, that I saw him alive on Feb 17 1916, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Throat,

(Duration) yrs mos. 65 ds.

Contributory (SECONDARY) General Tuberculosis

Infection (Duration) yrs mos. 40 ds.

(Signed) Albert O'Reilly M. D.

Feb 18, 1916. [Address] 3839 Rolandeste

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge — DATE OF BURIAL Feb 20, 1916

20-UNDERTAKER G. S. Marshall — ADDRESS 3539 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C9240 # HEALTH DEPARTMENT—CITY OF BALTIMORE C9240

CERTIFICATE OF DEATH.

64

1.PLACE OF DEATH

CITY OF BALTIMORE (No. 30 N. Spring ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Travers

(Residence in Baltimore: No. 30 N. Spring St.: yrs. 12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ..., 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Tubman

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Emma Travers

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adeline Sanders

(Address) 224 E. Dallas St

15- Filed FEB 19 1916 NORBERT J. KRAUTER, Registrar. Dt. SOCIAL PURITY DIST.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David H. Keen (Coroner.) M. D.

Feby 17 1916 (Address) 916 Druid Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Feb. 18, 1916
20-UNDERTAKER	ADDRESS
John W. Henderson	319 Caroline St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92411 69 C92411

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 Grundall St ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Roeder

(Residence in Baltimore: No. 219 Grundall St St.: 32 yrs. 3 mos. 9 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, November (Month) 9 (Day), 1883 (Year)

7-AGE, 32 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, George Roeder

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Caroline M Kochmlein

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Roeder

(Address) 219 Grundall St

15- FEB 19 1916 ROBERT , KRAUTER, Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916 to Feb 18 1916, that I saw h[illegible] alive on Feb 18 1916, and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion following Status Epilepticus

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) 20 yrs. mos. ds.

(Signed) W H Deyton M. D.

2/18, 1916 (Address) 501 E Coss St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, FEB 21 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92412 — 130 — C92412

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 103 E. West St. 24 WARD)

2-FULL NAME Caroline M Harris

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 103 E West St.; 74 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DO NOT WRITE IN THIS SPACE—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March 28 (Month) (Day), 1841 (Year)

7-AGE: 74 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Jacob Friedhoffer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Ellen Hoge

13-BIRTHPLACE OF MOTHER (State or country): Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A Miller (Nephew)

(Address) 103 E West St

15. Filed FEB 19 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to. Feb 18th 1916.
that I saw h.r alive on Feb 18th, 1916.
and that death occurred, on the date stated above, at 9 20 a.m.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Primal Cause (Duration) ... yrs. 1½ mos. ... ds

Contributory (SECONDARY) Interstitial Nephritis

Primal Cause (Duration) ... yrs. 1½ mos. ... ds.

(Signed) Henry B Kall M. D.

Feb 19th, 1916 (Address) 1203 Eight 27

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK	FEB 21 1916
20-UNDERTAKER	ADDRESS
ARMSTRONG-DENNY CO.	711 Eight

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(32413) W. CERTIFICATE OF DEATH. 155 (32413)

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 328 Camden ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz Weiner

(Residence in Baltimore: No. 328 Camden St

18 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Furniture Factory

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Koska

(Address) 2402 E. Preston

15- FEB 19 1916 Filed ....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas poisoning (Suicide)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Jeffers M. D.
(Coroner)

Feb 19 191.. (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	Feb 19, 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2066 Odeon

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92414

C92414

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 N Central Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jn Foster.

(Residence in Baltimore: No. 1419 N Central St.; ....yrs., mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 8, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, David B Foster.

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Eliza Free

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Foster

(Address) 1419 N Central

15- FEB 19 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1916, to July 17th 1916, that I saw h[illegible] alive on July 16th 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Sloan M. D.

July 18th, 1916 (Address) 1.S.O. E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pt Olivet

DATE OF BURIAL, Feb 17, 191..

20-UNDERTAKER John A Brown

ADDRESS Bank Lane

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 43 C92415

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Hebrew Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida V Wright

(Residence in Baltimore: No. Chestnut Hill Care Rospeltow St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 15th, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Jos. Newkirk

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Rebecca

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milford W. Wright

(Address) Chestnut Hill Ave

15- Rospeltow

Filed FEB 10 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 18 1916, to Feby 18 1916, that I saw her alive on Feby 18 1916 and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Pulmonary Tuberculosis

Operation Jan 14 1916

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

acute Cardiac Dilitation Sudden

..... (Duration) yrs. mos. ds.

(Signed) Wm R Johnson M. D.

2/18, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. /.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Chestnut Hill Ave Rospeltow Md

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem — DATE OF BURIAL, Feby 21 1916

20-UNDERTAKER Chas. J. Henry — ADDRESS 2016 Arlington

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 2ks.

C92416

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

79 C92416

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 n Edw ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Bishop

(Residence in Baltimore: No. 509 n Edw St.; 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, March (Month) 10 (Day), 1876 (Year)

7-AGE, 39 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William R. Bishop

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Keene

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Bishop

(Address) 1424 Madison Ave

15- FEB 19 1916 ROBERT . KRAUER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Feb 16 1916, that I saw h[illegible] alive on Feb 16 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

6 months (Duration) ....yrs. 6 mos. ....ds.

(Signed) Edward Fisher M. D.

Feb 16, 1916 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel cemetery

DATE OF BURIAL, Feb 20, 191 6

20-UNDERTAKER Milton Davis

ADDRESS 1608 McElderry St

R. H.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

John H. Roles.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 (32417

8 (32417

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1710 Orleans ST.: 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Roles

(Residence in Baltimore: No. 1710 Orleans St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Jan 27th, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Restaurant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Josiah Roles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josiah Roles

(Address) 1710 Orleans St.

15- Filed FEB 19 1916 ROBERT P. KRAUTH Burial Permit Clerk. 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. H. Turner M. D.
(Coroner.)

Feb 17th, 191 6 (Address) 15 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hamel Cem — DATE OF BURIAL, Feb 20 1916

20-UNDERTAKER Harry A Vodery — ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9248

CERTIFICATE OF DEATH.

170 C9248

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Hack

(Residence in Baltimore: No. 309 N. Monroe St St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby 9, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk. 977
(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods House

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hack

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sabra Cropper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Hack

(Address) 191 W Fayette St

15-
Filed FEB 19 1916 191.. ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 15 1916, to Feb 17 1916, that I saw h[illegible] alive on Feb. 17 1916, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Duration 10 minutes,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

Unknown (Duration) 8 yrs. mos. ds.

I (Signed) Frank E Murphy M. D.

Feb. 17, 1916 (Address) Md Gen'l Hosp't.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 309 Monroe St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Feby 21 1916

20-UNDERTAKER W. Lehmann Son | ADDRESS Wood.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CS2419

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1310 Bolton St ST.; 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mercer Garnett

(Residence in Baltimore: No. 1310 Bolton St.; 60 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 24, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teacher 1757
(b) General nature of industry, business, or establishment in which employed (or employer)..... St Johns Academy

9-BIRTHPLACE, (State or Country), Aldie, Loudoun Co. Virginia

PARENTS.

10-NAME OF FATHER, Theodore S. Garnett

11-BIRTHPLACE OF FATHER (State or Country), Essex Co. Virginia

12-MAIDEN NAME OF MOTHER, Florentina I. Moreno

13-BIRTHPLACE OF MOTHER (State or Country), Pensacola Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Mercer Garnett Jr.

(Address) 1310 Bolton St

15- Filed FEB 19 1916 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 31st 1916, to Feby 18th 1916, that I saw him alive on Feby 18th 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Senile arterio-Sclerosis

(Duration) 5 yrs. ~ mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac and renal insufficiency (Duration) ~ yrs. ~ mos. 19 ds.

(Signed) Geo. A. Waesche M. D.

Feby 18th, 1916. (Address) 2018 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Middleburg Va	2-21, 1916
20-UNDERTAKER H. W. Jenkins Son Co	ADDRESS Orchard & McCulloh Sts

C82420

HEALTH DEPARTMENT—CITY OF BALTIMORE

C82420

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1606 W. Lexington ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelaide G. Binkin

(Residence in Baltimore: No. 1606 W. Lexington St. (Yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. (Month) 15th (Day), 1870 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 3 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward L. Phelps.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie M. Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Lyonson

(Address) 1606 W. Lexington St.

15- Filed FEB 19 1916, 191 ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an January (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 6 yrs. 6 mos. ds.

(Signed) Sam'l T. Williams M. D. (Coroner.)

Feb. 19th 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem'y	Feb 20, 1916
20-UNDERTAKER	ADDRESS
Chas. E. Franck	20 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Belvedere Hotel, N. Charles St. 23 WARD) REGISTERED No. C 172

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Trenka

(Residence in Baltimore: No. 103 W. Beverly St.; yrs., 8 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 9 (Day), 1884 (Year)

7-AGE, 31 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hotel Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Charles Trenka

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Francis Botzmann

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Trenka

(Address) 103 W. Beverly

15- FEB 19 1916 ROBERT J. KRAUTER,
Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH was as follows:
Fractured Skull the result of accidental fall into Elevator shaft.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) Wm M Stevens (Coroner.) M. D.

Feby 18, 1916 (Address) 1724 Madison Ave.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Feb 21, 1916

20-UNDERTAKER P. F. M. G. Flynn ADDRESS 1422 Light St.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92422 10 C92422

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1522 Riverside ST.; 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C

2-FULL NAME Evelyn Sheckels

(Residence in Baltimore: No. 1522 Riverside Ave St.; 7 yrs., 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 20 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 27 ds.
If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Benjamin Sheckels
11-BIRTHPLACE OF FATHER (State or Country), Balto Md
12-MAIDEN NAME OF MOTHER, Sadie M. Bafford
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Benj. Sheckels
(Address) 1522 Riverside Ave.

15-FEB 19 1916 Filed ..... 191.....
ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 17 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to Feb 16 1916, that I saw her alive on Feb 16 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ....yrs. ....mos. 8 ds.

(Signed) H. E. Kretchman M. D.
Feb 17, 1916 (Address) 2002 N. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	Feb 19, 1916
20-UNDERTAKER	ADDRESS
P. J. M. H. Flynn	1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 E 27th St ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hornyar

(Residence in Baltimore: No. 418 E 27th St

St.: 88 yrs., 6 mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. August 13th, 1827
(Month) (Day) (Year)

7-AGE. 88 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltic

PARENTS.

10-NAME OF FATHER. John L. Browning

11-BIRTHPLACE OF FATHER (State or Country). England.

12-MAIDEN NAME OF MOTHER. Elizabeth Sturs

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie O'Brien

(Address) 418 E 27th St

15-

Filed FEB 19 1916, 191.... ROBERT J. KRAUTER BURIAL PERMIT CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February 17th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Feb 17th 1916, that I saw her alive on Feb 17th 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Colon Carcinoma

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. H. Montgomery M.D.

Feb 17th, 1916 (Address) 2536 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Feb. 21., 1916.

20-UNDERTAKER. H. J. & M. J. Flynn

ADDRESS. 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

092424 1920 092424

Registered No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 407 E. Eden St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George W. Ross.

(Residence in Baltimore: No. 407 E. Eden St.; 61 yrs. 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Divorced.

6 DATE OF BIRTH: May 18, 1854 (Month) (Day) (Year)

7 AGE: 61 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Colored in P.R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): shops. 536

9 BIRTHPLACE (State or country): Md. Balto

PARENTS

10 NAME OF FATHER: James Ross.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Parsons

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah A. Ross

(Address) 549 Quarry Ave.

15 FEB 19 1916 ROBERT . KRAUTER,
Filed ....., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 15, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1915, to Feb. 16 1916, that I saw h[illegible] alive on Feb 15, 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

unknown.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) unknown yrs. ..... mos. ..... ds.

(Signed) Richard C. Harley M. D.

Feb. 16, 1916 (Address) 3512 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ft. Ware [illegible] Cemetery	Feb 23, 1916
20 UNDERTAKER	ADDRESS
Chenoweth & Son	[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92425

CERTIFICATE OF DEATH.

28 C92425

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 950 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Smith

(Residence in Baltimore: No. 950 Aisquith St.; 44 yrs., 10 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 7th, 1871. (Month) (Day) (Year)

7-AGE, 44 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinner (Roofer)
(b) General nature of industry, business, or establishment in which employed (or employer): 336

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joe Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary L. Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johannah Charles

(Address) 946 Aisquith st

15- Filed FEB 19 1916 191... NORBERT F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1914, to Feb 17 1916, that I saw h alive on Feb 16 1916, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt. D. Ford M. D.

Feb 17, 1916 (Address) 936 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Feb. 20, 191.6
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St.

Spec.—5-19-13—M. & T.—500 Bks.

C92426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92426

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Fleet ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margrit Dembek.

(Residence in Baltimore: No. 2620 Fleet St.: yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 19th, 1915. (Month) (Day) (Year)

7-AGE, 5 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anton Dembek.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Golombuske

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dembek,

(Address) 2620 Fleet St.

15- Filed FEB 19 1916 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febr. (Month) 18, (Day) 1916. (Year)

I HEREBY CERTIFY, That I attended deceased from Febr. 15 1916, to Feb 18 1916, that I saw her alive on Feb 18 1916, and that death occurred, on the date stated above, at 130 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 4 da.

CONTRIBUTORY (Secondary) —

(Duration) + yrs. mos. da.

(Signed) J. J. Janiszewski M. D.

Feb 18, 1916 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Hansfans, DATE OF BURIAL, Feb 20th, 1916.

20-UNDERTAKER W. F. Sadowski, ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92427 92427

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; ..... WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. J. McKendree Kemp.

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., 1 mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 5 (Day), 1837 (Year)

7-AGE, 79 yrs. ..... mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Kemp.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eleanor Caples

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed FEB 19 1916 101 ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30 1916, to Feb. 18 1916, that I saw h~~im~~ alive on Feb. 18, 1916, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Aortic stenosis

..... (Duration) 10 yrs. ? mos. ..... ds.

CONTRIBUTORY (Secondary) Amputation leg for gangrene foot

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) E. E. Strand M. D.

Feb. ....., 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 19 ds. In the State ..... yrs. ✓ mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Welcome, Md.

19-PLACE OF BURIAL OR REMOVAL, La Plata Md. DATE OF BURIAL, Feb. 19, 1916.

20-UNDERTAKER Albert C. Hulles ADDRESS 221 N Broadway

C92428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92428

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 238 Colvin ST. 5 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dickson

(Residence in Baltimore: No. 238 Colvin St.; yrs., unknown mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman 233
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant + Miners

9-BIRTHPLACE, (State or Country), South Africa

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), S. Africa

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), S. Africa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Glatco

(Address) 710 N. Central Ave

15- FEB 19 1916 ROBERT . KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH February 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Savage M. D.
(Coroner.)
Feby 19 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Albany, DATE OF BURIAL, Feb 19th, 1916

20-UNDERTAKER Wm J Baecker ADDRESS 140 Mulberry

C92429

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

39 C92429

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 842 Columbia Ave. St.; 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Frances Preston

(Residence in Baltimore: No. 842 Columbia Ave. St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: July (Month) 26, (Day) 1844 (Year)

7-AGE: 71 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Roler

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Clara Ecker

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Robert A Preston

(Address) 844 Columbia ave

15-Filed FEB 19 1916, 191 ROBERT , KRAUTER, Burial Permit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 18, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1915, to Feb 18 1916, that I saw h.. alive on Feb 18 1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:
Endothelioma Larynx
Carcinoma
Clinical Diagnosis
(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY)
Angina Pectoris (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Faulkner M. D.
Feb 19, 1916 (Address) 842 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 20, 1916

20-UNDERTAKER: Wilbur H Shriver

ADDRESS: 1086 Edmondson Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92430

CERTIFICATE OF DEATH.

92C92430

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Mosher St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Watkins

(Residence in Baltimore: No. 1407 Mosher St.; ....yrs.,..6..mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, March 15, 1893
(Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labor 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cement Works

9-BIRTHPLACE, (State or Country). Northumberland Co Va

PARENTS.

10-NAME OF FATHER, William Watkins

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Caroline Scott

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jerry T. Carney

(Address)..... #1407 Mosher St

15- Filed FEB 19 1916, 191.... ROBERT J. KRAUTHER, BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1916, to Feb 17 1916, that I saw him alive on Feb 17 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

.....

.....Labor Pneumonia.....

..... (Duration).....yrs.....mos...11...ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed)..... Wm N. Wright M. D.

Feb 17, 1916 (Address)...1209 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Simpsonville Montgomery Co Md	Feb 20, 1916
20-UNDERTAKER	ADDRESS
Chas. H. Glass Son	1400 Mosher St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 19 C92431

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. Thompson.

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ...yrs.. ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, October 11, 1853
(Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Banker.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 670

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Oliver Thompson.

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER Catherine Sweeney.

13-BIRTHPLACE OF MOTHER (State or Country). N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- FEB 20 1916 ROBERT . KRAUTHER.
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1916, to Feb. 18 1916, that I saw him alive on Feb. 18 1916, and that death occurred, on the date stated above, at 4 40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (Duration) ....yrs. ....mos. ....ds.

about 2½ months

(Signed) Nathaniel H. Bruehl M. D.

Feb. 19..., 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Buffalo. N. Y.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Buffalo N. Y.	Feb. 22.., 1916.
20-UNDERTAKER	ADDRESS
Edward C. Fuller	521 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92432 89 C92432

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 419 W. Barre St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred F. Jackson

(Residence in Baltimore: No. 419 W. Barre St. 5ft. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH Feb. 10, 1915 (Month) (Day) (Year)

7-AGE 1 yrs. mos. 9 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Walter Jackson

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Lillian L Stafford

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Stafford

(Address) 419 W. Barre St

Filed FEB 20 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1916, to Feb 18 1916, that I saw h-- alive on Feb 18, 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows: Bronchitis Acute

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) O K Hance M. D.

Feb 19, 1916 (Address) O K Hance 1065 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 20, 1916

20-UNDERTAKER A. E. Brown & Son

ADDRESS 108 W. Monument

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92133

CERTIFICATE OF DEATH.

50

C92433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Emory St ST. 10 WARD)

REGISTERED NO. C

2-FULL NAME Rebecca Goren Burg.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 718 Emory st St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, Dec 20, 1848.
(Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, ~~Lewi~~ Rophiel Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rebecca Lind Rund

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15-FEB 20 1916 ROBERT . KRAUDER,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1913, to July 15 1916, that I saw h[illegible] alive on July 15 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart & Kidney Disease

Diabetes (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 3 ds.

(Signed) Abram Segal M. D.

July 19, 1916 (Address) 718 Emory st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 7/20., 1916.

20-UNDERTAKER Jack Lewis — ADDRESS 1419 E Balto St

BURIAL PERMIT O. S. C.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Eliz. Glathers

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92434 — 92 — C92434

Registered No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2567 Frederick ave St 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Glathers

(Residence in Baltimore: No. 2567 Frederick ave St.: 54 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow.

6 DATE OF BIRTH Nov. (Month) 30 (Day), 1835 (Year)

7 AGE 80 yrs. 2 mos. 20 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Germany.

PARENTS

10 NAME OF FATHER Fr. Hoog.

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah L. LeCrest

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Kaler.

(Address) 2567 Frederick Ave

15 FEB 20 1916 Filed ....., 191 — ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 14, 1916, to Feb. 19 1916 that I saw her alive on February 18, 1916, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Asa L Wessels M. D.

Feb. 19, 1916 (Address) 2565 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL National Cem. — DATE OF BURIAL Feb 21, 1916

20 UNDERTAKER Lord Black — ADDRESS 100 3 N Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92435

1 PLACE OF DEATH

City of Baltimore (No. 1535 Ellamont St.: 15 Ward)

REGISTERED No. C 29 C92435

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lydia Savage

(Residence in Baltimore: No. 1535 Ellamont St.: X yrs. 9 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 29, 1837 (Month) (Day) (Year)

7 AGE: 78 yrs. 10 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): A. A. Co. Md.

PARENTS

10 NAME OF FATHER: John H Savage

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Matilda Small

13 BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lucy Savage
(Address) 1535 Ellamont St

15 Filed FEB 20 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb- (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 13, 1916, to, Feby 16- 1916, that I saw h[illegible] alive on Feby 18, 1916, and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

Senile Hypostasis

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. mos. 2, ds.

(Signed) Wesley Dail M. D.

Feb 19, 1916 (Address) 2202 Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Millersville Md. DATE OF BURIAL: Feb 20, 1916

20 UNDERTAKER: Joseph Block ADDRESS: 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C32436 C32436

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Adelaide Hildebrandt

(Residence in Baltimore: No. 928 N Chester St.; 63 yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb (Month) 5 (Day), 1853 (Year)

7-AGE, 63 yrs. 14 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Bausch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida L Hildebrandt

(Address) 928 N. Chester st

15-

Filed FEB 20 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Feb 19 1916, that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis nephritis

(Duration) yrs. 1 mos. 17 ds.

(Signed) W. F. Haase M. D.

Feb 19, 1916. (Address) 1301 N Pat Pace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartze County — DATE OF BURIAL, Feb 23 191.6

20-UNDERTAKER Fickler & Fickler — ADDRESS 1737 E Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92437

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C92437

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2243 Brunt St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Charles L. Gladden

(Residence in Baltimore: No. 2243 Brunt St.: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Mal	Colored	Baby

6 DATE OF BIRTH Feb 14, 1916 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) ~~Balto~~ Balto

PARENTS

10 NAME OF FATHER Arthur Gladden

11 BIRTHPLACE OF FATHER (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ellen Curtis

13 BIRTHPLACE OF MOTHER (State or country) Balto md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Gladden

(Address) 2243 Brunt St

15. Filed FEB 20 1916 ROBERT . KRAUTHER, Burial Permit Clerk REGISTRAR

(Over)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 19 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/17, 1916, to 2/18 1916, that I saw h[illegible] alive on 2/18, 1916, and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

2/19, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 20, 1916

20 UNDERTAKER James H Dunn | ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

Alice Randall

HEALTH DEPARTMENT—CITY OF BALTIMORE

C52438

CERTIFICATE OF DEATH.

64 C52435

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Randalls

(Residence in Baltimore: No. 1322 N Carey St.; 30 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown ....., 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Randall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Randall

(Address) 1322 N. Carey St.

15- FEB 20 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 18 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 18 1916, that I saw h[illegible] alive on Feb 18 1916, and that death occurred, on the date stated above, at 1-P m.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia

..... a/fatal

..... (Duration) ... yrs. 3 ... mos. 3 ... ds.

CONTRIBUTORY (Secondary) a/fatal

..... (Duration) ... yrs. 3 ... mos. 3 ... ds.

(Signed) Dr Gus Baumann M. D.

Feb 19 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Feb 20 1916
20-UNDERTAKER	ADDRESS
James H Dunn	1338 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

392439 (392439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 E. 24th St. ST.; 17 WARD) REGISTERED No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D Shelley

(Residence in Baltimore: No. 111 E. 24th St. St.; Wife yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Married

6-DATE OF BIRTH, Sept. 10, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Cream Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): Prod. 3140

9-BIRTHPLACE, (State or Country), Balto city.

PARENTS.

10-NAME OF FATHER, Edw M. Shelley.

11-BIRTHPLACE OF FATHER (State or Country), Md -

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard D Shelley

(Address) 111 E. 24th St

15-

FEB 20 1916 ROBERT . KRAUTER,

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to 17th Feb 1916, that I saw him alive on Feb 16th 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

about

(Duration) 5 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (Chronic

(Duration) ? yrs. mos. ds.

(Signed) C. A. Gabriel M. D.

Feb. 18, 191.. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge.	Feb. 20, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92440

CERTIFICATE OF DEATH.

79 C92440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2031 Ellsworth ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine L. Sullivan

(Residence in Baltimore: No. 2031 Ellsworth St. St.; 71 yrs., 1 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 28 (Day), 1844 (Year)

7-AGE, 71 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary L. Sarmore

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Sullivan

(Address) 2021 Ellsworth 16

15- FEB 20 1916 ROBERT , KRAUTER
Filed ..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Feb 19 1916, that I saw h[er] alive on Feb 19 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) .....yrs. .....mos. 16 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) H. [illegible] M. D.

Feb 19, 1916 (Address) 1301 N. 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb 21, 1916
20-UNDERTAKER	ADDRESS
William Cook	502 E North Ave

Nicholas O. Roper.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C52441 C52441

CERTIFICATE OF DEATH.

82

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 James ST.; 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas O. Roper

(Residence in Baltimore: No. 1209 James St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) ..... 8 (Day) ....., 1875 (Year)

7-AGE, 40 yrs. 7 mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Car Repairer 372
(b) General nature of industry, business, or establishment in which employed (or employer) ..... B. & O. R.R. Shops

9-BIRTHPLACE, (State or Country), Charlestown W Va

PARENTS.

10-NAME OF FATHER, James M Roper

11-BIRTHPLACE OF FATHER (State or Country) West Virginia

12-MAIDEN NAME OF MOTHER Rebecca Mebrin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mary E. Roper .....

(Address) 1209 James St.

15- Filed FEB 20 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 20th (Day) ....., 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb 19th 1916, that I saw him alive on Feb 19th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Embolism .....

.....

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ..... Acute Alcoholism .....

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) ..... Shepherd Drain ..... M. D.

Feb 20, 191.. (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Charlestown W Va	Feb 22, 191.. 6
20-UNDERTAKER William Cook	ADDRESS 502 E. North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

for Drain 1227 Columbia Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(D2442) (D2442)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Stenberg

(Residence in Baltimore: No. 52 E. Mulberry St. St.: yrs. 2 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb 2, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 0 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Factory 402

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Gustav Stenberg

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Gustava Swiss

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karl Stenberg

(Address) Cabot St.

15- Filed FEB 20 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 5, 1916, to Feb 18, 1916, that I saw h[illegible] alive on Feb 18, 1916 and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

1. Acute pneumonia Duration

2. Atrx (Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) x

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 18, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 5 ds. In the State yrs. 2 mos. 5 ds.

Where was disease contracted, if not at place of death? 52 E. Mulberry St

Former or usual residence 52 E. Mulberry St

19-PLACE OF BURIAL OR REMOVAL: New York City, N.Y. DATE OF BURIAL, Feby 21, 1916

20-UNDERTAKER E. A. Widefeld Jr. ADDRESS 2113 Greenmount Ave.

Spec.—5-24-15—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92443 C92443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Garrett Hospital for Children REGISTERED No. C

CITY OF BALTIMORE: (No. 27 North Carey St. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Kerbal

(Residence in Baltimore: No. 266 North Exeter St. St.; 0 yrs., 1 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) 8 (Day), 1916 (Year)

7-AGE, 0 yrs. 1 mos. 11 ds.

If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Kerbal

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ida Chantarei

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Moron Toomey

(Address) 27 North Carey St.

15-

Filed FEB 20 1916, 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 24 1916, to February 19 1916, that I saw him alive on February 19 1916, and that death occurred, on the date stated above, at about 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Diphtheria duration about 2 wks.
Anaphylaxis, anti-diphtheritic serum (?)
Congenital Debility duration 3 days
(Duration) 0 yrs. duration life mos. ds.

CONTRIBUTORY (Secondary) Hare-lip, operation for
(Duration) 0 yrs. 0 mos. 12 ds.

(Signed) Moron Toomey M. D.

Feb. 19, 1916. (Address) 27 North Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1/6 ds. In the State 0 yrs. 1 mos. 11 ds.

Where was disease contracted, if not at place of death? at home Definitely known

Former or usual residence 266 North Exeter St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew 7th Carmel DATE OF BURIAL, Feb. 20, 1916.

20-UNDERTAKER Jack Lewis ADDRESS 1419 E Balto St

C92444

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C92444

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2846 W. Calvert St. St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John T. Meredith

(Residence in Baltimore: No. 2846 Calvert St. St.: 50 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 5 (Month) 31 (Day), 1854 (Year)

7 AGE: 61 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor

9 BIRTHPLACE (State or country): Virginia.

PARENTS

10 NAME OF FATHER: Thomas Meredith.

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Fannie Lawson

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ida L Meredith
(Address) 2846 Calvert St

15 Filed FEB 20 1916, 191 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 2 (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby 16, 1916, to Feby 19 1916, that I saw him alive on Feby 18, 1916, and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage, hemiplegia, (right side)

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Arteria sclerosis, myocardial changes, Chronic nephritis. (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. McCarty M. D.
Feby 19, 1916 (Address) 37 W. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 21, 1916

20 UNDERTAKER: Geo J. Smith — ADDRESS 1000 Pt. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C92445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C92445

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O'Neill

Residence in Baltimore: No. 1127 Forrest St. St.; ..... yrs., ... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 19 (Day) 1845 (Year)

7-AGE, ... 70 yrs. 7 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... at .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, David O'Neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie O'Neill

(Address) 1127 Forrest Place

15- Filed FEB 20 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1916, to Feb 19 1916, that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at 3:50 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Coma

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrene of foot

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Edward P. Smith M. D.

Feb. 14, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 9 ds. In the State Maryland ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 1127 Forrest St

Former or usual residence 1127 Forrest St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 2/22, 191...

20-UNDERTAKER Chas. G. Force & Son ADDRESS 18 S. Howard Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92446

Frank Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1650 Belt St. ST.; 24 WARD) REGISTERED No. C 28

2-FULL NAME Frank Harris.

(Residence in Baltimore: No. 1650 Belt St. St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 5 (Month) (Day), 1893 (Year)

7-AGE, 23 yrs. 5 mos. 13 ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman 579
(b) General nature of industry, business, or establishment in which employed (or employer): on Board O.

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, William Harris

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Mary O Grant

13-BIRTHPLACE OF MOTHER (State or Country), Port De Posit Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Harris

(Address) 1650 Belt Ave

15-

Filed FEB 20 1916, 191.. ROBERT , KRAUTER Burial Permit Clerk

Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, to Feb. 18 1916, that I saw h alive on Feb. 18 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Philip B. Fowler M. D.

Feb. 19, 191.. (Address) 1422 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetary — DATE OF BURIAL, Feb 24 191.6

20-UNDERTAKER Wm J. E. Evans Sons — ADDRESS 1425 E Pratt

Spcn.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092447 x92 092447

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. ~~Hanna~~ Mary Ford Karl

(Residence in Baltimore: No. Md. Gen. Hospital St. ..... yrs. ..... mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feby (Month) 6 (Day) 1854 (Year)

7-AGE 59 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno. Staub

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary F. Drake

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mattes

(Address) 8 W. St. Paul St.

15-

Filed FEB. 20. 1916 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17th 1916, to Feb. 19th 1916, that I saw her alive on Feb. 19th 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ... yrs. ... mos. 9 ds.

(Signed) Frank E. Klipley M. D.

Feb. 19th, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 4010 Ballamingo Ave. (Arlington)

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Feb. 21st, 1916

20-UNDERTAKER H. Thomson & Son — ADDRESS North Ave

C92448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92448

64

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1841 Hope ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2. FULL NAME Daniel B. Tyler

(Residence in Baltimore: No. 1841 Hope St.: Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6. DATE OF BIRTH: Jan. (Month) 11 (Day), 1852 (Year)

7. AGE: 64 yrs. 1 mos. 7 ds. | If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Tobacco Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Cass Factory

9. BIRTHPLACE (State or country): Baltimore

PARENTS

10. NAME OF FATHER: D. B. Tyler

11. BIRTHPLACE OF FATHER (State or country): Baltimore

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (State or country): Baltimore

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. George Miller

(Address) 1841 Hope St.

15. Filed FEB 20 1916

ROBERT . KRAUSE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1916, to Feb. 18 1916, that I saw h... alive on Feb. 18, 1916, and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY)

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Harry Hyde M. D.

Feb. 20, 1916. (Address) 10 W. E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Feb 20th, 1916
20. UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Belt Line Tunnell B't & 12th ST. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sava Panasiuk

(Residence in Baltimore: No. 214 W Camden St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE,	If LESS than 1 day,
36 About yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Track Walker
(b) General nature of industry, business, or establishment in which employed (or employer): B't. R.R.

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ber Slabitzki

(Address) Mr Elderry & Short St

15- FILED FEB 20 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
(accident)
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Struck by train on tunnel
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)
Feb 20, 1916 (Address) 24 E W't Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cemetery — DATE OF BURIAL, Feb 22 1916

20-UNDERTAKER Christian Miller — ADDRESS 193 Hoffman

(Over)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92450 — 91 — C92450

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S. Central Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Esperanzella

(Residence in Baltimore: No. 417 S. Central Ave St.; ..... yrs., 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 4th (Day), 1915. (Year)

7-AGE, ... yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Cosmo Esperanzella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Philomena Dissa

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cosmo Esperanzella

(Address) 417 S. Central Ave

15- FEB 20 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to Feb 20 1916, that I saw h alive on Feb 21 1916, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia .....

.....

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Feb 20, 1916 (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Feb. 21, 1916
20-UNDERTAKER	**ADDRESS**
Kendell, Lippel & Son	330 S. Bond st.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92451 92 C92451

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Clemmers Aly ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bastianelli

(Residence in Baltimore: No. 305 Clemmers Aly St.; 5 yrs. — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 4th (Day), 1846 (Year)

7-AGE, 69 yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, James Labini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Victoria DeLuca

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Bastianelli

(Address) 305 Clemmers Aly

15- Filed FEB 20 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Feb 19 1916, that I saw h[illegible] alive on [illegible] 1916, and that death occurred, on the date stated above, at 11 4. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb. 20, 191.. (Address) 6 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	Feb. 21st, 191 6.
20-UNDERTAKER	ADDRESS
Ruark Gilpin & Son	330 S. Broadway

I. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92452 — 92452

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Elliott ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Siwak

(Residence in Baltimore: No. 3035 Elliot St. St.; ..... yrs., ... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Sing'l

6-DATE OF BIRTH, Feb (Month) 3rd (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 17 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jan Siwak

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Anna Holowiska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Siwack

(Address) 3035 Elliott st.

15- Filed FEB 20 1916, 191 ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to Feb 20 1916, that I saw him alive on Feb 20 1916, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Lawniczak M. D.

Feb 21 191. (Address) 2431 Foster Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
St. Stanislaus	Feb. 21, 1916.
20-UNDERTAKER	ADDRESS
Stephen J. Fialkowski	109 S. Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92453 C92453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St.) University Hospital WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin Staubl

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Unknown, 1881
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
35 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... R.R. Agent 55
(b) General nature of industry, business, or establishment in which employed (or employer)..... W M R.R. Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, P. P. Staubl

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Anna Ruby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Staubl

(Address) Westminster Md

15-

Filed FEB 21 1916, 191... HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 20 1916, that I saw him alive on Feb 20 1916, and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

following perforated typhoid ulcer

..... (Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

..... (Duration) ....yrs. ....mos. 15 ds.

(Signed) R. L. Johnson M. D.

2/20, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 35 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Westminster Md

Former or usual residence Westminster

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Westminster Md	Feb 21, 1916.

20-UNDERTAKER	ADDRESS
W Mauri Routzon	230 E Green

C92454

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92454

1 PLACE OF DEATH / 79 REGISTERED No. C

CITY OF BALTIMORE (No. 1045 Brantley Ave ST. 16 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Henry Duncan

(Residence in Baltimore: No. ~~Abt~~ 1045 Brantley Ave ST.: 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: August (Month) 10 (Day), 1841 (Year)

7 AGE: 70 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe fitter #62
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe factory

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Duncan

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Liza Sunderland

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Duncan

(Address) 1045 Brantley ave

15 FEB 21 1916, 191 ABBEY O ANDERS, Vital Records Clerk's

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6 1916 to Feb. 20 1916 that I saw him alive on Feb. 19 1916 and that death occurred, on the date stated above, at 3 00 A.M.

The CAUSE OF DEATH* was as follows:

Natural regurgitation

(Duration) 3 yrs. 0 mos. ds

Contributory (SECONDARY) Paralysis of heart

(Duration) yrs. mos. ds.

(Signed) D. D. Mahr M.D. M. D.

Feb 20, 1916 (Address) 1034 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Feb 22 1916

20 UNDERTAKER: Wilbur W. Shriver

ADDRESS: 1018 Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92455 HEALTH DEPARTMENT—CITY OF BALTIMORE C92455

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E. Chase ST.; 10 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Gough

(Residence in Baltimore: No. 603 E. Chase St.; 35 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, August 18, 1868
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
47 yrs. 6 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife of Hsm

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jarnidah Connor

11-BIRTHPLACE OF FATHER (State or Country), Bermuda

12-MAIDEN NAME OF MOTHER Elizabeth W. White

13-BIRTHPLACE OF MOTHER (State or Country), Bermuda

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. D. Gough

(Address) 603 E. Chase St.

15- FEB 21 1916 MARRY O. ATWOOD, Special Deputy Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb. 19 1916, that I saw h[er] alive on Feb. 19 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

..... Lobar Pneumonia

..... (Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ...yrs. ...mos. 5 ds.

(Signed) Gustav V. Wolterech M. D.

Feb 20, 1916. (Address) 1210 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Conn.	Feb. 21, 1916

20-UNDERTAKER H. C. Hudefeld ADDRESS 914 Gilmore Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C92456

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92456

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 W. Hamburg ST.; 21 WARD)

2-FULL NAME Infant of Annie and Elmer Griffith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C .....

(Residence in Baltimore: No. 1157 W. Hamburg St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 19th (Day), 1916 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Elmer Griffith

11-BIRTHPLACE OF FATHER (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Annie Forsacre

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Griffith

(Address) 115 I Hamburg St

15- FEB 21 1916

Filed ..., 191.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 19 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1916, to Feb 19 1916, that I saw h— alive on Feb 19 1916, and that death occurred, on the date stated above, at 2.10 m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs...mos...ds.

(Signed) E. [illegible] M. D.

Feb 19, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Feb. 21., 1916.

20-UNDERTAKER Philip Gerwald & Son ADDRESS 119 E. Eutaw

Spec.—5-24-14—M. & T.—2000 Bks.

C92457

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92457

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Lancaster ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Justica

(Residence in Baltimore: No. 1627 Lancaster St.; ..... yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 26th, 1913.
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓ None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Justica

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Rosie Dwirk

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Justica

(Address) 1627 Lancaster

15-

Filed FEB 21 1916 191. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18th 1916, to Feb. 20th 1916, that I saw h[illegible] alive on ..... 191 6, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jacob L. Weinstein M. D.

2-20 1916 (Address) 308 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb. 22 1916

20-UNDERTAKER Jacob Piaszewski

ADDRESS 1133 S. Bond St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92458 C92458

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Bank St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Drgos

(Residence in Baltimore: No. 2108 Bank St.; yrs. 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 1, 1913
(Month) (Day) (Year)

7-AGE, yrs. 2 mos. 19 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Gen. Asst.

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Drgos

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Anna Konecny.

13-BIRTHPLACE OF MOTHER (State or Country). Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Drgos

(Address) 2108 Bank St.

15-

Filed FEB 21 1916, 191... MARY O ARCARO, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1916, to 1916, that I saw him alive on Feb. 20 1916, and that death occurred, on the date stated above, at 9 15 a.m.

The CAUSE OF DEATH* was as follows:

Tubo Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ? yrs. mos. ds.

(Signed) E. S. Neer M. D.

Feb. 21, 191... (Address) 408 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. | DATE OF BURIAL, Feb 21, 191...

20-UNDERTAKER William Frazer | ADDRESS 1618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92459 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C92459

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH # CITY OF BALTIMORE: (No. 39 E West. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Keen.

Residence in Baltimore: No. # 39 E West. St.; ....yrs. 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. November 18th, 1915
(Month) (Day) (Year)

7-AGE. — yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Howard Keen.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Coon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Keen (mother)
(Address) # 39 E West St.

15- Filed FEB 21 1916 1916 MARY O'HARE Registrar. Special Permit 019

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17th 1916, to Feb 20th 1916, that I saw h[illegible] alive on Feb 17th 1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Marasmus

Previous illness 3 days

Notes (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Henry B Mott M. D.

Feb 20th, 1916. (Address) 120 E Mt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	2-21st, 1916.

20-UNDERTAKER	ADDRESS
E & B Harle	1158 West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92460 HEALTH DEPARTMENT—CITY OF BALTIMORE C92460

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. East st ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carmelo Deventi

(Residence in Baltimore: No. 322 E. East st. St.; Life yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 8th (Month) (Day), 1913 (Year)

7-AGE, 2 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Deventi

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Pietra Rosa

13-BIRTHPLACE OF MOTHER (State or Country). Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Deventi

(Address) 322 E. East st.

15- FEB 21 1916 BOARD OF HEALTH Special Deputy Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb 20 1916, that I saw h.. alive on Feb 20 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

1. ..... Pneumonia Lobular .....

2. .....

3. ..... (Duration) ..... yrs. ..... mos. 8 ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb 21, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Vincent Cemetery	Feb 21, 1916.
20-UNDERTAKER George J. Ruth.	ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C92461

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92461

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Sargeant St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth D. Legg

(Residence in Baltimore: No. 1126 Sargeant St.; 2 yrs. 11 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Sept 29 (Month) (Day), 1838 (Year)

7-AGE 77 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Nathaniel M. Bowen

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Emma L. Tindle

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathaniel M. Legg

(Address) 1126 Sargeant St.

15- FEB 21 1916

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1916, to Feb 18th 1916, that I saw h[illegible] alive on Feb 18th 1916, and that death occurred, on the date stated above, at 12.10 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Heart

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Lushard Dunn M. D.

Feb 19, 1916. (Address) 1227 Columbus Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet

DATE OF BURIAL, Feb 22, 1916

20-UNDERTAKER Thos & Wm. Jno. McCaffrey

ADDRESS 801 N. Fayette St

Spec.—5-19-13—M & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92462

CERTIFICATE OF DEATH.

C92462

REGISTERED No. C 77

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Fulton Ave North St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Irvin Disney.

(Residence in Baltimore: No. 529 Fulton Ave North St.; 15 yrs., ✓ mos. ✓ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 11, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 6 mos. 8 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman 547
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

9-BIRTHPLACE, (State or Country). Odenton Md.

PARENTS.

10-NAME OF FATHER, Nicholas H. Disney.

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co Md.

12-MAIDEN NAME OF MOTHER Louise Rachel Disney

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E J Disney

(Address) Severn Md

15-

Filed FEB 21 1916, 191.. BOARD OF HEALTH Burial Permit 0137 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febry 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1 1916, to Febry 19 1916, that I saw h in alive on Febry 19. 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

P . . .

Pericarditis

(Duration) ✓ yrs. 2 mos. ✓ ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis.

(Duration) 3 yrs. ✓ mos. ✓ ds.

(Signed) George C. Shannon M. D.

Febry 19, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, Feb 22, 1916

20-UNDERTAKER Geo. W. Bell & Son | ADDRESS 2503 Edmondson ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C 92463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Shearer M.D

(Residence in Baltimore: No. 905 N. Charles St St.; 70 yrs., 8 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	married

6-DATE OF BIRTH, May 1st, 1825
(Month) (Day) (Year)

7-AGE, 90 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician MD
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland.

PARENTS.

10-NAME OF FATHER, Shearer.

11-BIRTHPLACE OF FATHER (State or Country), Scotland.

12-MAIDEN NAME OF MOTHER Bruce.

13-BIRTHPLACE OF MOTHER (State or Country), Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. B. Shearer

(Address) 905 N. Charles St

15- Filed FEB 21 1916 191.. HARRY O. ANDREWS, VITAL STATISTICS CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1916, to Feb 18th 1916, that I saw him alive on February 16th 1916, and that death occurred, on the date stated above, at 9.10 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) ?.... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Imp. acute Fracture L. Fem. Mid. 3rd of F. mus; sedens & Impl. Acute Cal. Fall

..... (Duration) ..... yrs..... mos..... ds.

(Signed) Thomas B. Shearer M. D.

Feb 19th, 1916. (Address) 905 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	2-21, 1916.
20-UNDERTAKER Henry W. Jenkins Sons Co	ADDRESS Mt Hall & Orchard

Spec.—5-19-13—M. & T.—500 Bks.

C92464

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92464

CERTIFICATE OF DEATH.

12 120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 217-E-25th., St. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Philip Benjamin Sadtler.

(Residence in Baltimore: No. 217-E-25th., St. St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, June (Month) 28 (Day), 1860 (Year)

7-AGE, 55 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Manufacturer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Plumbing Supplies.

9-BIRTHPLACE, (State or Country), Baltimore Co., Md.

PARENTS.

10-NAME OF FATHER, C. Columbus Sadtler.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co., Md.

12-MAIDEN NAME OF MOTHER Mary E. Brady.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. Milton Norris, (Sister)

(Address) Lutherville, Md.

15- FEB 21 1916 Filed....., 191.... HARRY O ... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15th 191 5, to Feby 20th 1916, that I saw him alive on Feby 20th 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. Three mos. ds.

CONTRIBUTORY (Secondary) General Anasarca

(Duration) yrs. 1½ mos. ds.

(Signed) Geo H Cairnes M. D.

Feby 21st, 1916. (Address) 211 N 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	Feb. 22., 191.6
20-UNDERTAKER	ADDRESS
Stewart & Mowen Comly.	108 W. North.

C92465

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92465

92

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 S. Robinson St. 1 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Evans

(Residence in Baltimore: No. 211 S. Robinson St. 37 yrs. 11 mos. 21 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb 27, 1878 (Month) (Day) (Year)

7-AGE: 37 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Wood & Tonkin

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Chas E. Evans

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Meyers

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Vina Wolfe

(Address) 162 N. Stark St.

15. Filed FEB 21 1916 MARY O. ANDREWS, Vital Records Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916 to Feb 18 1916; that I saw h[illegible] alive on Feb 18, 1916 and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. E. Evans M. D.

Feb 20, 1916 (Address) 330 E. 22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: Feby 24 1916

20-UNDERTAKER: J. Harvey & Co

ADDRESS: 2008 Eutaw

C92456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 157

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 17 Ward) REGISTERED NO. C

2-FULL NAME Max D. Isaacs

(Residence in Baltimore: No. Walbert Apartments, Charles & Lafayette Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If less than 1 day, ... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 29nd (Day), 1874 (Year)

7-AGE: 41 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE, (State or Country): Balto, Md

PARENTS.

10-NAME OF FATHER: Michael Isaacs

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Nancy Feldman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert D. Isaacs

(Address) Walbert Apts

15- FEB 21 1916 CLERK O. APPEALS.
Filed ..... 191. Burial Permit issued
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: February (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Sohn Kemp M. D.
(Coroner.)

Feby 20, 191. (Address) 1729 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 10 ds. In the State 41 yrs. 5 mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Walbert Apts.

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 2/22, 19.16

20-UNDERTAKER: David Goodheim

ADDRESS: 1810 Mont Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92467

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92467

150

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 h Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl H Rumney

(Residence in Baltimore: No. 1237 h. Lombard. St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb 17, 1916 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), U.S. City

PARENTS.

10-NAME OF FATHER, George H Rumney

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Edith Early

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Rumney

(Address) 1237 W Lombard st

15- FEB 21 1916 HARRY O. ANDREAE, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 21 1916, that I saw h[illegible] alive on Feb 20 1916, and that death occurred, on the date stated above, at 2½ m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia & Cyanosis (Duration) ....yrs....mos. 1 ds.

(Signed) E. Vandeleur M. D.

Feb 21, 1916. (Address) 714 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, Feb 22, 1916.

20-UNDERTAKER John J. Fields ADDRESS 1200 W. Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMANENT WITH CONTRASTING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92468

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92468

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Hanover ST. 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo C. Gundlach

(Residence in Baltimore: No. 813 Hanover St.: 34 yrs., 3 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 20, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 3 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John L. Gundlach

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Madalina Mentz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Gundlach

(Address) 813 Hanover St

15- FEB 21 1916 Filed....., 191.. HARRY O. ANDERSON Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1915, to Feb 19 1916, that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at 12 hom. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 21, 1916 (Address) Light & Mason Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Feb 22, 1916

20-UNDERTAKER E. Feldmann Son ADDRESS 1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92469

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 248 N. Pine ST.: 4 WARD) 19

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Jones

(Residence in Baltimore: No. 248 N Pine St.: 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Hugh Jones

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Caroline Parker

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Jones

(Address) 248 N Pine St

15. Filed FEB 21 1916, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1916, to Feb 18 1916

that I saw h[illegible] alive on Feb 17 1916

and that death occurred, on the date stated above, at 6.50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Tuberculosis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Thos J Sutherland M. D.

2/19, 1916 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: Feb 22 1916

20-UNDERTAKER: C L Brown & Son

ADDRESS: 108 N. Monta St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92470

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92470

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 Fait av ST.; 1 WARD) REGISTERED No. C 9

2-FULL NAME Agnes Hagan

(Residence in Baltimore: No. 2937 Fait av (Hagan) St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 12 (Day), 1912 (Year)

7-AGE, 3 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Charles F Hagan

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Agnes Mc Hugh

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hagan

(Address) 2937 Fait Ave

15-

Filed FEB 21 1916 MARY O MORRIS, Chief Clerk's Deputy

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1916, to Feb 20 1916, that I saw h.r alive on Feb 19 1916, and that death occurred, on the date stated above, at 11-15 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) yrs. 1 mos. 3 ds.

(Signed) C L Lee M. D.

2/25, 1916. (Address) 2701 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Feb 22, 1916

20-UNDERTAKER John A Moran

ADDRESS Bank & Aisquith

1 P M

Spec.—8-24-14—M. & T.—2000 Bks.

C92471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C92471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 E Pratt ST.; V WARD)

REGISTERED NO. C.....

2-FULL NAME Ann J Connelly

(Residence in Baltimore: No. 2031 E Pratt St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 10 (Month), 1846 (Day) (Year)

7-AGE 69 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ship Joiner
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James Connelly

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Elizabeth Munn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Connelly

(Address) 2031 E Pratt St

15-

Filed FEB 21 1916, 191. Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Feb 18 1916, that I saw him alive on Feb 18th 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dysmanastem

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

Stomach Disease (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Arthur Kebbe M. D.

Feb 20th, 1916. (Address) 2011 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Feb 23, 1916.
20-UNDERTAKER	ADDRESS
John A Logan	Bank & Arnold

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92472 C92472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S Collington Ave ST.) ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Fuller

(Residence in Baltimore: No. 305 S Collington ave ..... yrs. 24 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... July ..... (Month) 2 (Day) ..... 1872 (Year)

7-AGE, ... 39 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas Connors

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Charles Fuller

(Address) ..... 305 S Collington ave

15- FEB 21 1916 MARY C. O'CONOR Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... (Month) 18 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Feb 18 1916, that I saw h er alive on Feb 18 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

..... Valvular Disease of Heart .....

.....

.....

..... (Duration) .....yrs. .....mos. 48 ds.

CONTRIBUTORY (Secondary) Chron Nephritis

..... (Duration) 3 yrs 10 mos. .....ds.

(Signed) ..... J Wharton M. D.

Feb 18, 1916 (Address) 1 E Read Bmty

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 22 1916

20-UNDERTAKER John A Doran — ADDRESS Bank & Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 C92473

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Mc Elder ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Hecker

(Residence in Baltimore: No. 1902 Mc Elder St. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Married.

6-DATE OF BIRTH, ... Jan. (Month) 18 (Day), 1849 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 1 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sanford & Brooks.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Hecker

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna M. Neubeck

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Matilda Hecker.

(Address)..... 1902 Mc Elder St.

15-FEB 21 1916

Filed....., 191... [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1916, to Feb 19 1916, that I saw him alive on Feb 18 1916, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

..... Diarrhea Due to Mercurial Salivation

..... (Duration)..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Anemia (Duration)..... yrs. ..... mos. 2 ds.

(Signed)..... A T Border M. D.

Feb. 21, 191.6 (Address) 1904 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer [illegible] — DATE OF BURIAL, Feb 22, 191.6

20-UNDERTAKER Lilly & Zeller. — ADDRESS 403 S. Wolfe St.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C-92474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED NO. 6747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Fiorenzino.

(Residence in Baltimore: No. 927 E Eager St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, 2 (Month) 19 (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). 927 E Eager St.

PARENTS.

10-NAME OF FATHER, Victor Fiorenzino.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Sebastiana Ringale

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor Fiorenzino.

(Address) 927 E Eager St.

15- Filed Feb 21 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) — 20 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-15 1916, to 2-20-1916, that I saw h[illegible] alive on 2-20 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Instrumental Delivery — Fetal Term — Apnea — Trauma Labor.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY. (Secondary) Injuries to Head

(Duration) ... yrs. ... mos. 1 ds.

(Signed) S. Seaman M. D.

2-21, 191.6 (Address) 1017 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Timothys Cem. DATE OF BURIAL, Feb 21, 191..

20-UNDERTAKER Lilly & Zuler ADDRESS 1431 Wash

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92474

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C92474

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 927 E Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vincent Ferruggio.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	2- (Month) 19 (Day) 1916 (Year)
AGE	..... years, ... months, 1 day
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	927 E Eager St.
FULL NAME OF FATHER	Pietro Ferruggio.
BIRTHPLACE OF FATHER (State or country)	Italy -
MAIDEN NAME OF MOTHER	Sabastiana Tringale
BIRTHPLACE OF MOTHER (State or country)	Italy -
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pietro Ferruggio.

(Address) 927 E Eager St.

Filed FEB 21 1916 HARRY O. ARLDAD, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2- (Month) 20 (Day) 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from 2-19- 1916 to 2-20 1916

that I last saw him alive on 2-20 1916,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Forceps delivery - after 24 hours labor full term.

(DURATION) ..... DAYS

Contributory Injuries to head.

(DURATION) 1 DAY

(Signed) S. Demarco M. D.

2-21- 1916 (Address) 160 S Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Vincents Cem.	Feb. 21 1916
UNDERTAKER Lilly & Zilm	ADDRESS 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Spec.—6-19-13—M. & T.—500 Blks.

C9275 C9275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Battery ave. ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carmelita Concanon

(Residence in Baltimore: No. 1202 Battery ave St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Jan 16, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bernard Concanon

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Marie Sheilds

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Concanon

(Address) 1202 Battery ave

15- Filed FEB 21 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Feb 20 1916, that I saw her alive on Feb 20 1916, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth one month & 1/2 also a twin.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas R O'Donnell M. D.

Feb 21, 1916. (Address) 1076 W Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	Feb 21, 1916
20-UNDERTAKER Jno J Foley & Sons	ADDRESS 318 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92476

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 C92476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Martin

(Residence in Baltimore: No. 1408 Madison Ave St.; — yrs., — mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 18..6.
(Month) (Day) (Year)

7-AGE, ..50.. yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teacher ??
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Robt Martin

11-BIRTHPLACE OF FATHER (State or Country), N.J.

12-MAIDEN NAME OF MOTHER Malinda White

13-BIRTHPLACE OF MOTHER (State or Country), N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Research

(Address) Univ Hosp

15- FEB 21 1916 UNIVERSITY OF MARYLAND

Filed....., 191.... Registrar. Registrar of Vital Statistics, Commissioner of Health.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 16 1916, that I saw him alive on Feb 16 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

..... General Cutaneous Cellulitis
..... Erysipelas
..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Septicaemia
..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) M. Brand Jr M. D.

Feb 19, 1916 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Erysipelas began while in hosp.

Former or usual residence 1408 Madison Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	FEB 19 1916

20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92477 C92477

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Lake.

(Residence in Baltimore: No. 2532½ Druid Hill Ave St.; 10 yrs., mos., ds.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH Jan 23rd (Month) (Day), 1839 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Government Service
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Engineers Office

9-BIRTHPLACE, (State or Country), Lobs Field Mass

PARENTS.

10-NAME OF FATHER, Mr. Lake

11-BIRTHPLACE OF FATHER (State or Country) Lobs Field Mass

12-MAIDEN NAME OF MOTHER Miss Gould

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. L. Lake

(Address) Park Heights Ave

15- FEB 21 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20th 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1916, to Feb 20th 1916, that I saw him alive on Feb 20th 1916, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema,

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 20 ds.

(Signed) Frank E. Siple M. D.

Feb. 20, 1916. (Address) 111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2532½ Druid Hill Ave

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Feb. 22, 1916

20-UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Balto St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92478 C92478

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 745 W. Hamburg ST.; 21 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Anderson

(Residence in Baltimore: No. 745 W. Hamburg St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. 5, 1840
(Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 15 ds. — If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Winchester Va.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Anderson

(Address) 924 Burgundy St.

15- FEB 21 1916 Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4, 1916, to Feb. 20, 1916, that I saw her alive on Feb. 19, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

Old age (Duration) yrs. mos. ds.

(Signed) J. L. Lawrence Kerr M. D.

Feb. 21, 1916. (Address) 645 Columbia Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. — DATE OF BURIAL, Feb. 23, 1916

20-UNDERTAKER Joseph R. Cook — ADDRESS 100 W. Balto. St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C9247 9 C9247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 783 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert S Kinsey

(Residence if Baltimore: No. 783 Columbia Ave St.; 1 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1914 (Year)

7-AGE, 1 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Albert S Kinsey

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Lula Stagge

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert S Kinsey

(Address) 783 Columbia Ave

15- Filed FEB 21 1916, 191.. HARRY O. ANDREAE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to Feb 19 1916, that I saw him alive on Feb 19 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Edw Greenfield M. D.

Feb 20, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Feb 21, 1916

20-UNDERTAKER Joseph W Block — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec—8-24-14—M. & T.—2000 Pads

C92480

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92480

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; 14 x 120 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Mrs Mary J. Patterson

(Residence in ~~Baltimore~~: No. Woman's Hospital, ... St.; ..... yrs., ... mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 6, 1851. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
64 yrs. 5 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Harford Co., Maryland

PARENTS.

10-NAME OF FATHER, George Jeffery

11-BIRTHPLACE OF FATHER (State or Country), Harford Co., Md

12-MAIDEN NAME OF MOTHER Hannah Foard

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Woman's Hosp.

15- FEB 21 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to Feb 21 1916, that I saw her alive on Feb 21 1916, and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Gallstones with Anemia

?

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(Duration) ....yrs. ....mos. 9 ds.

(Signed) A. P. Jones M. D.

Feb. 21, 1916 (Address) Womans Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 64 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Belair, Harford Co. Md.

19-PLACE OF BURIAL, OR REMOVAL: Belair Md — DATE OF BURIAL, Feby 22, 1916

20-UNDERTAKER Harry W. Ebbert — ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92481

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92481

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Scott

(Residence in Baltimore: No. St Joseph's Hospital St.; ....yrs. ....mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 13, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 7 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), St Josephs Hospital

PARENTS.

10-NAME OF FATHER, William Scott

11-BIRTHPLACE OF FATHER (State or Country), Balto co Md

12-MAIDEN NAME OF MOTHER Lola Harden

13-BIRTHPLACE OF MOTHER (State or Country), Carroll co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Scott

(Address) Owings Mills Md

15- FEB 21 1916 MARY O. [illegible] Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb. 20 1916, that I saw h[illegible] alive on Feb 20 1916, and that death occurred, on the date stated above, at 3 15 p.m.

The CAUSE OF DEATH* was as follows:

Intussusception

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. McCullough M. D.

2/21/ 191... (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Owings Mills Md

19-PLACE OF BURIAL OR REMOVAL, Carrolls Chapel Butler Md — DATE OF BURIAL, Feb. 21.., 1916

20-UNDERTAKER J. F. Ellis — ADDRESS Reisterstown Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks. George Rudzinski.

C-2182

HEALTH DEPARTMENT—CITY OF BALTIMORE

C-2182

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 253 S. Regester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rudzinski

(Residence in Baltimore: No. 253 S Regester St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Don't Know ....., 1873
(Month) (Day) (Year)

7-AGE. 47 yrs. ..... mos. ..... ds. If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in Liquor House
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Martin Rudzinski

11-BIRTHPLACE OF FATHER (State or Country). Russian Polland

12-MAIDEN NAME OF MOTHER Marcella Skutzkowtz

13-BIRTHPLACE OF MOTHER (State or Country). Russian Polland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Rudzinska

(Address) 253 S. Regester St.

15- FEB 21 1916 Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Febr 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febr 17 1916, to Febr 17 1916, that I saw h in alive on Febr 17 1916, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

..... (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

..... (Duration) yrs. mos. ds.

(Signed) Nathan L. Hellman M. D.

Feb 20, 1916 (Address) 25 W. Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Hamilton.	Feby. 23, 1916
20-UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Ann

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92483 C92483

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Gough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jasionski

(Residence in Baltimore: No. 1736 Gough St. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, February 21, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 4 hrs. on 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....Infant
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. William Jasionski

11-BIRTHPLACE OF FATHER (State or Country). Penna

12-MAIDEN NAME OF MOTHER Josephine Biedrowska

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Jasionowski

(Address) 1736 Gough St.

15- Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 21 1916, that I saw him alive on Feb 21 1916, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth - 7 1/2 month

Initiation

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Exhaustion (Cardiac) Sens

(Duration)....yrs....mos....ds.

(Signed) Jas. F. Valentin M. D.

Feb 24, 1916. (Address) 16 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus,	Feb. 24th, 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	901 S. Ann

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C92481 HEALTH DEPARTMENT—CITY OF BALTIMORE C92481

CERTIFICATE OF DEATH.

REGISTERED NO. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Monroe ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Annie R. Stockett

(Residence in Baltimore: No. 322 S. Monroe St.; 2 yrs., 2 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October (Month) 8 (Day), 1839 (Year)

7-AGE, 76 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Benj. F. Chaney.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Stockett

(Address) 322 S. Monroe St

15-

FEB 21 1916

Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29. 1916, to Feb. 18. 1916, that I saw h[er] alive on Feb. 17 1916, and that death occurred, on the date stated above, at 5:45 P. M.

The CAUSE OF DEATH* was as follows:

Shock caused by fall fracturing fracture of right femur.

(Duration) yrs. mos. 2 3 ds.

CONTRIBUTORY (Secondary) Accidental fall Down stairs

(Duration) yrs. mos. ds.

(Signed) E. J. Marr M. D.

Feb. 19, 1916 (Address) 822 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery DATE OF BURIAL, Feb 21, 1916

20-UNDERTAKER, Harry A. Witzke ADDRESS 1531 Wilkens Ave

C92485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C92485

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7 N. Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Moore

(Residence in Baltimore: No. 7 N. Dallas St.: yrs., 21 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, February 17, 1895
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
21 yrs. mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Neal

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Florence Otis

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Neal

(Address) 1526 Fox Alley

15- MABLE O. ANDREWS

Filed FEB 21 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.
(Coroner)

Feb 19, 1916. (Address) 2116 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	Feb 21, 1916
20-UNDERTAKER John W Henderson	ADDRESS 317 N Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 40

C92486

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Elisha Hance

(Residence in Baltimore: No. Franklin Square Hospital St.; ....yrs., mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED~~ OR ~~DIVORCED~~, (Write the word.): Single

6-DATE OF BIRTH, ...Feby. 2...., (Month) (Day) 1867. (Year)

7-AGE, 49 yrs. ... mos. ... ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer): Owner of Farm

9-BIRTHPLACE, (State or Country): Calvert Co. Md.

PARENTS.

10-NAME OF FATHER: Elisha Y. Hance

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. N. Hance

(Address) Mutual Fire Line Md.

15-

Filed FEB 21 1916 — 191... Burial Permit Oiven

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1916 to Feb. 21 1916, that I saw h.. alive on Feb. 21 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Microscopic Examination

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. A. Guard M. D.

Feb. 21, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 26 mos. ....ds. In the State 49 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Farmer - Calvert Co Md

19-PLACE OF BURIAL OR REMOVAL, Owings Station Cal. Co. DATE OF BURIAL, Feby. 24., 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(32487 32487

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Middleton.

(Residence in Baltimore: No. 1332 Druid Hill Ave St.; ..... yrs., ... mos. unknown ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, July 14, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Henry Middleton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Green

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Cherry & Ls.

15- FEB 21 1916 ROBERT . KRAUTER.
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to Feb 19 1916, that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

Did not know

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

Did not know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D. Swan M. D.

Feb 21, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1332 Druid Hill Ave

Former or usual residence 1332 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	Feb 21, 1916.

20-UNDERTAKER A. E. & B. Rye

ADDRESS 102 E. Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92188 C92188

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Seibert

(Residence in Baltimore: No. 927 Jordan Court St. 25 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, Apr. 17, 1867.
(Month) (Day) (Year)

7-AGE, 48 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horseshoer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Seibert

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Williams Jr.

(Address) Edgefield

15- FEB 21 1916 Filed....., 191.... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 21, 1916
(Month) (Day) (Year)

17C I HEREBY CERTIFY, That I attended deceased from Feb. 19 1916, to Feb. 21 1916, that I saw h[illegible] alive on Feb. 21 1916, and that death occurred, on the date stated above, at 5:25 p.m.

The CAUSE OF DEATH* was as follows:

Primary Tuberculosis Peritonitis

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) 1 mo. yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Feb. 21, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 48 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 927 Jordan Ct.

Former or usual residence 927 Jordan Ct.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Feb. 23, 1916

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92489 C92489

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 McDonough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) 4 hrs.

2-FULL NAME Baby Burley

(Residence in Baltimore: No. 909 McDonough St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col. a.a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 20, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 4 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robert Burley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lelia Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Burley

(Address) 909 McDonough St.

15- Filed FEB 21 1916 191.....

ROBERT F. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1916, to Feb. 20 1916, that I saw her alive on Feb. 20 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ....yrs. 6 mos. 15 ds.?

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. R. Simpson M. D.

Feb. 21 191 6 (Address) 611 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem.

DATE OF BURIAL, Feb 21, 191 6

20-UNDERTAKER Harry A Dodery

ADDRESS 1735 Orleans

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92490 — 1916 — C92490

1 PLACE OF DEATH — REGISTERED No. C 4

CITY OF BALTIMORE (No. 1428 Penna Ave St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Johanna Einsbergen

(Residence in Baltimore: No. 1428 Penna Ave St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widow

6 DATE OF BIRTH ..... (Month) ..... (Day) 1841 (Year)

7 AGE 75 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Linkam

(Address) 1428 Penna Ave

15 Filed FEB 21 1916 191 — ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to Feb. 20 1916, that I saw her alive on Feb. 20, 1916, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uremic Insufficiency

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Broncho Pneumonia

(Duration) yrs. 1 mos. ds.

(Signed) Joni Blaugh M. D.

Feb 21, 1916 (Address) 710 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL

Holy Redeemer Feb 23, 1916

20 UNDERTAKER — ADDRESS

M Flaherty & Sons 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92491 C92491

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Blanche Snyder

(Residence in Baltimore: No. Doresville, Va. St.; — yrs., 1 mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month), (Day), 1891 (Year)

7-AGE, 24 yrs. 6 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). 775

9-BIRTHPLACE, (State or Country), Mathias W. Va

PARENTS.

10-NAME OF FATHER, Harvey Snyder

11-BIRTHPLACE OF FATHER (State or Country) Mathias W Va

12-MAIDEN NAME OF MOTHER Rebecca Moyers.

13-BIRTHPLACE OF MOTHER (State or Country) Mathias W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William W. Snyder (brother)

(Address) Mathias W Va

15 FEB 21 1916 ROBERT . KRAUTER Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1916, to Feb 21 1916, that I saw her alive on Feb 21 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Surgical Shock- Respiratory failure
(Death occured on operating table) Operation
Hysterectomy (Duration) ...yrs. few minutes mos. ds.

CONTRIBUTORY. Exophthalmic Goiter
(Secondary)
(Duration) 1 yrs. mos. ds.

(Signed) Howard W. Snyder M. D.

2/21/16, 191... (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. One mos. — dr. In the State ...yrs. One mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Mathias, West Va

19-PLACE OF BURIAL OR REMOVAL, Mathias W Va | DATE OF BURIAL, Febr 24, 191...

20-UNDERTAKER F. E. Seyfert | ADDRESS 57 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92492

CERTIFICATE OF DEATH.

37

C92492

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Sheppard

(Residence in Baltimore: No. 1704 Orleans St.; 0 yrs., 0 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Sing[illegible]

6-DATE OF BIRTH, February 11, 1916. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Margaret Stafford

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker M.D.

(Address) Johns Hopkins Hosp.

15- Filed FEB 21 1916 ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 11 1916, to February 20 1916, that I saw him alive on Feb. 20 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ....yrs....mos....ds.

(Signed) Wm G. Murray M. D.

Feb 20, 1916. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	FEB 21 1916
20-UNDERTAKER Commissioner Health,	ADDRESS

Engr. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92493

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C92493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Durham ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J Thomann

(Residence in Baltimore: No. 32 N Durham St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 13 (Day) 1845 (Year)

7-AGE, 71 yrs. 0 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture 217

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathilda Ehm

(Address) 32 N Durham St

15- Filed FEB 21 1916, 191.. ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to July 19 1916, that I saw h[illegible] alive on July 18 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. S. Gibson M. D.

Filed ..., 191.6 (Address) 622 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 22, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Dr Gibsons 622 W North Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92494

CERTIFICATE OF DEATH.

78 C92494

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N.th Madeira ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J Flaherty

(Residence in Baltimore: No. 835 N.th Madeira St.; ..... yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 25 (Day), 1880 (Year)

7-AGE, 35 yrs. 6 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Electric Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 223

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Michael Flaherty

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Rachel Mirzey

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J Flaherty

(Address) 835 N.th Madeira

15- Filed FEB 21 1916, 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Feb 19 1916, that I saw h.m alive on Feb 18.t 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Epilepsy

..... (Duration) ..... yrs. 7 mos. ..... ds.

(Signed) Stuart Chard D Drain M. D.

Feb 21, 191... (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cemtry

DATE OF BURIAL. Feb 23, 191.6

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Dr Drain 1227 Columbia Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26 C92495

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 7 Franklin Sq. Hosp., ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Brusha

(Residence in Baltimore: No. 2637 Fredrick ave., St. 40 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Mar 11 (Month), 1875 (Year)

7-AGE: 40 yrs. 11 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country): Wash. D.C.

PARENTS.

10-NAME OF FATHER: Charles Hasting

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Ida. Seager

13-BIRTHPLACE OF MOTHER (State or Country): Wash D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wm A. Hasting

(Address): Laurodova Md

15-
Filed FEB 21 1916, 191... ROBERT . KRAUTER, Assistant Register Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: February (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31 1916, to Feb. 19 1916, that I saw her alive on Feb 19 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. A. Shaw M. D.

2/19, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2637 Fredrick ave.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 22, 1916.

20-UNDERTAKER: Wm Cook

ADDRESS 502 E Fait Ave

C93406 C93406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Clinton ST.: 1 WARD)

2-FULL NAME Michael M. Pierce

(Residence in Baltimore: No. 3028 Dillon St.; yrs., 57 mos. 3 ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Nov. ..... 2nd ....., 1858
(Month) (Day) (Year)

7-AGE, ... 57 yrs. ..... 3 mos. ..... 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman 702
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stanford T. Brooks Building

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Pierce

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Amanda Pierce

(Address)..... 3028 Dillon St.

15- Filed FEB 21 1916, 191.. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February ..... 17th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Accidental Drowning.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed)..... David W. Jones M. D.
(Coroner.)

Feb. 19, 1916 (Address)..... 1116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Sacred Heart Cem.

DATE OF BURIAL, Feb. 22nd, 1916

20-UNDERTAKER Lilly & Quinn

ADDRESS 408 S. Mosher St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 C92497

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Shields Place ST.: ..... WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Gibson

(Residence in Baltimore: No. 937 Shields Place St.: 20 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. Oct (Month) 15 (Day), 1870 (Year)

7-AGE. 45 yrs. 4 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country). Maryland Colored

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Maryland Colored

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland Colored

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Blackwell

(Address) 406 Myrtle Ave

15- FEB 21 1916 ROBERT , KRAUTER, Registrar.
Filed ....., 191.... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 2 (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Feb 20 1916, that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Drunkard

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. H. Bonastowski M. D.

Feb 21, 1916 (Address) 1202 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Belair Md	Feb 23 191[illegible]
20-UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92498 C92498

CERTIFICATE OF DEATH.

137

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Lula Strayer

(Residence in Baltimore: No. 546 Union St ST.; 30 yrs. 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 18 (Day), 1886 (Year)

7-AGE, 30 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Wm E Strayer

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Liza White

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS [redacted] THE BEST OF MY KNOWLEDGE.

(Informant) [redacted] Grumley

(Address) 611 Edmondale St

15- FEB 21 1916 ROBERT F. KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 20 (Day), 19K (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Feb 20 1916, that I saw h-es alive on Feb 20 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Pediemnia (Puerperal)

and Peritonitis

..... (Duration).....yrs.....mos....7..ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) P. L. Rustle M. D.

2-20, 191.6 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 20 yrs. 1 mos. 2 ds.

Where was disease contracted, if not at place of death? 546 Union St

Former or usual residence 546 Union St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 2/23, 191.6

20-UNDERTAKER Samuel Hensley — ADDRESS 5 PW Balto

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 99499 — 117 — C 99499

1-PLACE OF DEATH Union Prot Infirmary — REGISTERED NO. C

CITY OF BALTIMORE: (No. 15 14 - 16 Dumun St.; 14 Wm 97. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Eunice Painter

(Residence in Baltimore: No. 15 14 Dumun St. St.; — yrs., — mos. 26 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 10 (Day), 1903 (Year)

7-AGE, 12 yrs. 10 mos. 9 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Dublin - Pulaski Co. Virginia.

PARENTS.

10-NAME OF FATHER, Wm G. Painter

11-BIRTHPLACE OF FATHER (State or Country). Wyth Co. Virginia.

12-MAIDEN NAME OF MOTHER Anna Strong

13-BIRTHPLACE OF MOTHER (State or Country). Kent Co. Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren G. Painter

(Address) Pearsburg Va.

15- FEB 21 1916 Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1916, to Feb 19 1916, that I saw her alive on Feb 19, 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

General sepsis

(Duration) ....yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) Perforation of intestine

Peritonitis (Duration) — yrs. 2 mos. 10 ds.

(Signed) Leo C. Beam M. D.

Feb 19, 1916. (Address) Union Prot Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 26 ds. In the State — yrs. — mos. 26 ds.

Where was disease contracted, if not at place of death? Pearsburg - Va

Former or usual residence Pearsburg Va

19-PLACE OF BURIAL OR REMOVAL, St Pauls Church Cemetery, Chestertown, Kent Co, Md. — DATE OF BURIAL, 2/22....., 191.6

20-UNDERTAKER Henry W. Masslon — ADDRESS 10 S 11 Calvert

Warren G. Painter will accompany remains — Via Md. Del & Va R.R.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C-2500 C-2500

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD) × 79 REGISTERED No. C

2. FULL NAME Milnor Jones

(Residence ~~in Baltimore:~~ No. Mercy Hospital St.; yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 67 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Minister
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Clement W. Jones

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER —— Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lemuel W. Wickes

(Address) Cockeysville, Md.

15. Filed FEB 21 1916, 191.... ROBERT , KRAUTER Burial Permit Clerk. Registrar.

(Acc)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... February ..... 20th ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ..... Inquest .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Chronic Myocarditis .....

.....

..... (Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

..... (Duration) .... yrs. .... mos. .... ds.

(Signed) ..... (Coroner.) ..... M. D.

Feby 21, 1916 (Address) 1709 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Chestertown Md

19-PLACE OF BURIAL OR REMOVAL, Chestertown, Md. DATE OF BURIAL, 2/22, 191.

20-UNDERTAKER Henry W. Mears & Son ADDRESS 1025 N. Calvert St

Spec.—1-24-14—M. & T.—2000 Blks.

C92501

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92501

CERTIFICATE OF DEATH.

5 105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Central ave ST.;..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Bacon

(Residence in Baltimore: No. 613 N. Central ave St.; - yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Dec. 3, (Month) (Day) 1913. (Year)

7-AGE, 2 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Bacon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie O'Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Bessie Bacon

(Address)..... 613 N. Central Ave

15- Filed FEB 22 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1916, to Feb. 19 1916, that I saw him alive on Feb. 19, 1916, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY. Influenza a
(Secondary)

(Duration) ....yrs. ....mos. 14 ds.

(Signed) C. R. Simmons M. D.

Feb 21, 191 6 (Address) 611 N. Central Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbery cemetery

DATE OF BURIAL, Feb 23 1916.

20-UNDERTAKER R E Gross

ADDRESS 1841 Mc Elderry st

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92502

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92502

28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1222 Edwards St ST. 5 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rebecca Carroll

(Residence in Baltimore: No. 1222 Edwards St St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 5, 1897 (Month) (Day) (Year)

7-AGE: 19 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: George Carroll

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Agnes Watkins

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Stanley

(Address) 1222 McElderry

15-

Filed FEB 22 1916, 191

BURIAL PERMIT 012

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1, 1915, to Feb 19, 1916, that I saw her alive on Feb 12, 1916, and that death occurred, on the date stated above, at 8 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) P E Lilly M. D.

Feb 14, 1916 (Address) 501 E Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 22, 1916

20-UNDERTAKER: R A Gross

ADDRESS: 1405 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

C92503

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92503

CERTIFICATE OF DEATH.

45

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 North ann ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Horning

(Residence in Baltimore: No. 140 North ann St.; 60 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 2, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Furniture Co 702

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Horning

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Adler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Horning

(Address) 140 North ann St

15-

Filed FEB 22 1916 MARY O. ARMIGER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 18, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Feb 18 1916, that I saw h- alive on Feb 18 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Clinical Cancer

Clinical Diagnosis (Duration) 1 yrs. mos. ds.

(Signed) F. Valentine M. D.

Feb 19, 1916 (Address) 1 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, Feb 22, 1916

20-UNDERTAKER Van Cook

ADDRESS 5026 North Av

Spec.—8-24-14—M. & T.—2000 Bks.

C92504

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92504

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 E. Fremont ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Ackley

(Residence in Baltimore: No. 911 E. Fremont St.; ~ yrs., ~ mos. ~ ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 4 (Day), 1852. (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 11 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, C. Bond

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ernest A. Ackley

(Address). 911 E. Fremont st.

15-
Filed FEB 22 1916, 191.. FEB 22 1916
HARRY G. INGRAM
Registrar.

Burial Permit Issued
Plating 668 Columbia Ct.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1. 191 6., to Feb 20 191 6.; that I saw h[illegible] alive on Feb 20 191 6., and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

....., 191.. (Address) 611 E. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Winchester Va	Feb 23, 1916.
20-UNDERTAKER	**ADDRESS**
Wm Cook	5020 North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92505 — 120 — C92505

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 418 N. Wolfe St. ; 6 WARD)
REGISTERED No. C

2-FULL NAME Valentine Joseph Holler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 418 N. Wolfe St. St.; 68 yrs. 11 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 19, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ann Holler

(Address) 418 N. Wolfe St

15- FEB 22 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1915, to Feb 20 1916 that I saw h[illegible] alive on Feb 19 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

2
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty degeneration Myocardium

(Duration) yrs. mos. ds.

(Signed) Edward L. Cook M. D.

2/20, 1916 (Address) 413 N Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER Jos J. Merz — ADDRESS 1914 E. Fayette

MARGIN MUST BE LEFT UNWRITTEN FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-18-15—M. & T.—500 Blks.

C92506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Cleveland ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen M. Smott

(Residence in Baltimore: No. 1144 Cleveland St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July 20, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Geo. M. Smott

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md

12-MAIDEN NAME OF MOTHER Minnie Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah M. Smott

(Address) 1144 Cleveland st

15-

Filed FEB 22 1916, 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Feb 19th 1916, that I saw h[illegible] alive on Feb 19th 1916, and that death occurred, on the date stated above, at 2:20 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Impure food

(Duration) yrs. 2 mos. ds.

(Signed) Stephen A. Brain M. D.

Feb 21, 191... (Address) 1247 Bloomfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Feb 22, 1916
20-UNDERTAKER	ADDRESS
George J. Smith	1001 Fayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92507

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92507

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2417 Oak ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Easter Scott

(Residence in Baltimore: No. 2417 Oak St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February 7, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Cook for private family 876

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Dixon

(Address) 2417 Oak St.

15-
Filed FEB 22 1916, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19 1916, to February 21 1916, that I saw h[illegible] alive on February 20 1916, and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) Bertha E. Tapeman M. D.

Feb 21, 1916 (Address) 2733 Pitkin Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2519 Pinkin St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C82408 C82408

1 PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE: (No. 1720 N Mount St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Rodgers

(Residence in Baltimore: No. 1720 N Mount St. St.; 75 yrs. 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: April (Month) 10 (Day), 1840 (Year)

7-AGE: 75 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Sexton of Church 635

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Rodgers

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Amelia Shaney

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George A. Rodgers

(Address) 1720 N. Mount St.

15- HARRY O ANDREWS, Burial Permit Clerk

FEB 22 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 1, 1916, to, Feb 20 1916, that I saw him alive on Feb 19 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(Duration) 1 yrs mos ds.

Contributory (SECONDARY): Cardiac asthenia

(Duration) yrs 6 mos ds.

(Signed) Wm L Burgert M. D.

Feb 21, 1916. [Address] 1706 N Durham

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 22 1916

20-UNDERTAKER: Josiah Segar — ADDRESS: 600 W North ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92509 C92509

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1705 Appleton St. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Augusta Henning

(Residence in Baltimore: No. 1705 Appleton St.; 68 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 10 (Day) 1857 (Year)

7-AGE: 68 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Fritz Borcherdes

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: H. Fricoman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred. Henning

(Address) 1705 Appleton St

15 FEB 22 1916 Filed ....., 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 10, 1915, to, Feb 21st 1916, that I saw her alive on Feb 20 1916, and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Endocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Dilatation, Oedema

(Duration) ..... yrs. 1 mos. 5 ds.

(Signed), Joseph E. Grabner M. D.

Feb 24, 191..... (Address) 1516 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. — DATE OF BURIAL: Feb 23, 1916

20-UNDERTAKER: R. R. Turner — ADDRESS: 1442 W. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92510 C92510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 524 S. Wolfe St. 2 WARD)
REGISTERED No. C

2 FULL NAME Josefa Kowalewska (Kowalewska)

(Residence in Baltimore: No. 524 S. Wolfe St.; yrs., 31 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1836.
(Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). German Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleonora Zukowska

(Address) 524 S. Wolfe

15- FEB 22 1916 MAR 6 RECD, 191..
191.. Burial Permit Given
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (old age)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Morris Swaim M. D.
(Coroner)

Feby 21st, 1916. (Address) 1739 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	Feby 23rd, 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	905 S. Ann St.

Spec.—5-19-13—M. & T.—500 Blks.

C9251 HEALTH DEPARTMENT—CITY OF BALTIMORE C9251

CERTIFICATE OF DEATH. 28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Eastern Ave ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Roth

(Residence in Baltimore: No. 2335 Eastern Ave. St.; 8yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 20th, 1832. (Month) (Day) (Year)

7-AGE, 23 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lace Keeper 977
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mfg Confectioner

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Roth.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Ruehle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Ruehle

(Address) 2335 Eastern Ave.

15- FILED FEB 22 1916 HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 19th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1916, to Feb 19th 1916, that I saw h— alive on Feb 19th 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(Duration) yrs. 19 mos. ds.

(Signed) Herman J. Seesars M. D.

Feb 19th, 1916 (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cem	Feb 22, 1916.
20-UNDERTAKER Sander & Sons	ADDRESS 1210 Park Ave

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92512 — 29 — C92512

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2919 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Casey

(Residence in Baltimore: No. 2919 Hudson St.; 23 yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 11th (Day); 1887 (Year)

7-AGE, 28 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): R. R. United

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, James A. Casey

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Annie Wrigly

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha M. Atkinson

(Address) 2919 Hudson St.

15-
Filed FEB 22 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 20 (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 11 1916, to Feb 20 1916, that I saw him alive on Feb 20 1916, and that death occurred, on the date stated above, at 11 20 a.m.

The CAUSE OF DEATH* was as follows:

Miliary Tubercular Pneumonia

..... (Duration).....yrs.....mos. 9 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) M. J. McAvoy M. D.

Feb 21, 1916 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Feb 22, 1916
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Fulton

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92513 92513

CERTIFICATE OF DEATH.

29

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Kirkwood

(Residence in Baltimore: No. 3119 Dillon St.; 64 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec 23 (Month) (Day), 1852 (Year)

7-AGE, 83 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 34
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brick Burner.

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, John Kirkwood

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Catherine DuPue

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rosetta Leyshon

(Address)..... Mrs. Pittsburg Cattle Co.

15-
Filed FEB 22 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1916, to Feby 21 1916, that I saw him alive on Feby 20. 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David W. Jones M. D.

Feby. 21, 1916 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER H Sander & Sons

ADDRESS 170 Park

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(02514 60 02514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Fait ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lens

(Residence in Baltimore: No. 2500 Fait ave St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 24 (Month) (Day), 1872 (Year)

7-AGE, 43 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Motion business
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own business

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Conrad Lens

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wortman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelie Lens

(Address) 2500 Fait Ave

15- HARRY O. ROGERS, Burial Permit Clerk

Filed FEB 22 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2nd (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th 1916, to Feb 20th 1916, that I saw h---- alive on Feb 22 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Abscess of the brain

Form history of

Duration (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Consolation

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 21st 1916 (Address) 1428 S Hughes

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Evangelical	Feb 23, 1916
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1210 Fait

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92515 28 C92515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Dillon ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Huber

(Residence in Baltimore: No. 3127 Dillon St.; 50 yrs., 2 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 24 (Day), 1865 (Year)

7-AGE, 50 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse (at Home)
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Phillips

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Huber

(Address) 3127 Dillon

15- Filed FEB 22 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1915, to February 19 1916, that I saw her alive on Feb 18- 1916 and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Biliousness Tuberculosis

(Duration) yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Insanition

(Duration) yrs. mos. 2 ds.

(Signed) Geo. C. Bladel M. D.

2/21, 1916 (Address) 148 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Harmel — DATE OF BURIAL, Feb 22 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

C92516

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Calvert Station P. R. R. Co 16 St., WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis A. Henget

Residence in Baltimore: No. 703 N. Fulton Ave

St.; yrs. Life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 31st (Day) 1860 (Year)

7-AGE, 56 yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railroad clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Calvert Station

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Benj. Henget

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria A Weakle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. A. Henget

(Address) 703 N Fulton Ave

15- FEB 22 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Wm M Savage M. D.
(Coroner.)

Feby 22, 1916 (Address) 1729 N Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Feb 23 1916

20-UNDERTAKER Wm Fuchs Sons — ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92517

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92517

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Fulton Av. St.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia A. Engleman

(Residence in Baltimore: No. 231 N. Fulton Av St.; 1 yrs., 0 mos. 0 da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Sept. 17, ... 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John C. Dee

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Harriet Frizzell

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Engleman

(Address) 231 N. Fulton

15-

Filed FEB 22 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 191.6, to Feb. 191.6, that I saw h[illegible] alive on Feb. 191.6, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

Pleurisy

(Duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 0 yrs. 0 mos. 10 ds.

(Signed) R. A. Brune M. D.

2/21, 191.6 (Address) 1605 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Westminster Mem. DATE OF BURIAL, Feb 23, 1916.

20-UNDERTAKER Lowe Cook. ADDRESS 502 E Hoff

c/o. W. W. Engleman Via Fulton 8 a.m.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92518 92518

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jackson.

(Residence in Baltimore: No. 514 East St. St.; 10 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Males.	Black.	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 5 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 2-3
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- Filed FEB 22 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1916, to Feb. 18 1916, that I saw h— alive on Feb. 18 1916, and that death occurred, on the date stated above, at 4 P, m.

The CAUSE OF DEATH* was as follows:

Acute Hemiplegia, Mitral Endocarditis

Acute Rt. Hemiplegia, Phlebitis

Cerebral Embolism

(Duration) yrs. mos. 26? ds.

CONTRIBUTORY (Secondary) Bronchial Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) Paul M. Gloyne M. D.

Feb. 19, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 514 East St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 23..., 1916

20-UNDERTAKER	ADDRESS
Robert A Elliott	306 East St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

092519 28 092519

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 N. Schroeder St. St. 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Banning

(Residence in Baltimore: No. 517 N. Schroeder St. St.: 53 yrs. ..... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

3-DATE OF BIRTH February 10, 1863 (Month) (Day) (Year)

7-AGE 53 yrs. ..... mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Edward Roche

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary Bulger

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward A. Banning

(Address) 517 N. Schroeder St.

15. Filed FEB 22 1916 ..... 191 NAME OF REGISTRAR: Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH February 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 19th, 1916, to February 20th, 1916, that I saw her alive on February 19th, 1916, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt. J. Murray M. D. M. D.

February 21, 1916 (Address) 510 N. Fremont ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 23, 1916

20-UNDERTAKER: H. Brauning & Sons — ADDRESS: 517 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

C92520 C92520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 St.; Robert Garrett Hospital for Children WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Pearce

(Residence in Baltimore: No. 7 North Durham St.; 0 yrs. 3 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 27, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Pearce

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Elizabeth Cook

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Cook

(Address) 1598 Holbrook St

15-FEB 22 1916

Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 20 1916, to February 21 1916, that I saw him alive on Febuary 21 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Atrepsia 3 mo. duration
Otitis media, acute purulent, bilateral
(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis
indigestion, gastric
(Duration) 1 yrs. 2 mos. 0 ds.

(Signed) Wm. Dorney M. D.

Feb. 21, 1916 (Address) 27 North Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 1 mos. 1 ds. In the State Life yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? admitted to hospital with acute purulent otitis media, bilateral. Disease contracted in 7 North Durham St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Feb. 21, 1916

20-UNDERTAKER Joseph A. Cook — ADDRESS 1003 Mt. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92521 C92521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Aisquith ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Terry.

(Residence in Baltimore: No. 816 Aisquith St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 2 (Month) 19 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 1 ds. If LESS than 1 day, 18 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland. City

PARENTS.

10-NAME OF FATHER, Joseph Terry.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Florence Fannon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Joseph Terry.....

(Address)...466 Aisquith St.....

15- Filed FEB 22 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2 19 1916, to 2 21 1916, that I saw h[illegible] alive on 2 21 1916 and that death occurred, on the date stated above, at 4p m.

The CAUSE OF DEATH* was as follows:

Laryngeal Atelectasis

(Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Chas. E. Jones M. D.

2-21-, 191.. (Address) Waverly Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Feb. 22, 191.6

20-UNDERTAKER John J. Conway & Sn — ADDRESS 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

C92522

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) E. Eighteenth Lane ST.; 4 WARD)

REGISTERED NO. C.....

2-FULL NAME Female Ft. Taylor

(Residence in Baltimore: No. St. Paul St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ..... yrs., 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Dec (Month) ..... 24 (Day), 1915 (Year)

7-AGE, ... yrs. 2 mos. 25 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, ...

11-BIRTHPLACE OF FATHER (State or Country), ...

12-MAIDEN NAME OF MOTHER Fannie Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. M. Mary Mildred

(Address) St. Elizabeths Home

15-

Filed FEB 22 1916, 19.. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 191.., to Feb 21 191.., that I saw h.. alive on Feb 20 191.., and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

(a) Congenital Heart Disease

.....

..... (Duration) ..... yrs. 2 mos. 28 ds.

CONTRIBUTORY (Secondary) Premature Child

..... (Duration) ..... yrs. 2 mos. 28 ds.

(Signed) ..... M. D.

Feb 22, 191.. (Address) 1 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Feb 24, 191.6
20-UNDERTAKER H. W. Holland	ADDRESS 617 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92523

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C92523

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1717 W Lombard St.; 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Schleupner

(Residence in Baltimore: No. 1717 W Lombard St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June (Month) 25 (Day), 1834 (Year)

7-AGE: 81 yrs. 7 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Hayn

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margard Heuer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A E Kniffe

(Address) 1717 W Lombard

15- FEB 22 1916 191..... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to, Feb 20 1916, that I saw h.e.r alive on Feb 19 1916, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral degeneration

about 8 (Duration) yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cerebral hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) A. E. Kniffe M. D.

Feb 22 1916 [Address] 1062 W. Lombard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 2/23, 1916

20-UNDERTAKER: George A Farley — ADDRESS: Fulton & Lombard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92524 C92524

CERTIFICATE OF DEATH.

REGISTERED NO. C 490

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Haubert ST.; 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel J. Dickson

(Residence in Baltimore: No. 1116 Haubert St.; 70 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 13 (Day), 1838 (Year)

7-AGE, 77 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Joseph Epworthy

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Kate Davis

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry V. Dickson

(Address) 1116 Haubert St

15- FEB 22 1916 Filed....., 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-13-1916, to 2-21-1916, that I saw her alive on 2-20-1916, and that death occurred, on the date stated above, at 9:12 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic Pulmonary

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Dr. Welch M. D.

2-21, 1916. (Address) 1570 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Feb. 24, 1916.

20-UNDERTAKER Fickle & Fickle ADDRESS 1239 E. Eager

C92525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6

C92525

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2340 Flint ST.; 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Leon Jackewitz

(Residence in Baltimore: No. 2340 Flint St; St.: 1 yrs. 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 23, 1914 (Month) (Day) (Year)

7 AGE: 1 yrs. 2 mos. 3 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: Leohold Jackewitz

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Alice Mroz

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leohold Jackewitz

(Address) 2340 Flint St

15 FEB 22 1916 (Filed) 19.. ROBERT . KRAUTHER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 22, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1916, to Feb 22 1916, that I saw h... alive on Feb 21, 1916, and that death occurred, on the date stated above, at 5 a, m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 13 ds

Contributory (SECONDARY) Measles

(Duration) ... yrs. ... mos. 13 ds.

(Signed) A. L. Reynaud M. D.

Feb 22, 1916 (Address) 701 Asquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Rozary Cem | DATE OF BURIAL: Feb 22, 1916

20 UNDERTAKER: William Piatkowski | ADDRESS: 1618 Eastern ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C925526 C925526

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Stricker ST.; 19 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Elizabeth Edwards

(Residence in Baltimore: No. 417 N Stricker St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 5 (Day), 1844 (Year)

7-AGE, 71 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Wiley

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Susan Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles G Edwards

(Address) 417 N Stricker st

15- FEB 23 1916 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Feb 21 1916, that I saw h[illegible] alive on Feb 21 1916, and that death occurred, on the date stated above, at 10 5 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) Wolfe & Co M. D.

222, 191[illegible]. (Address) Fairmount Arcade

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Feb 24, 1916
20-UNDERTAKER George J Smith	ADDRESS 1000 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 745 George ST.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Garver

(Residence in Baltimore: No. 745 George St.; 17 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. — ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Lancaster Co Pa

PARENTS.

10-NAME OF FATHER, William Frankle

11-BIRTHPLACE OF FATHER (State or Country) Lancaster Co Pa

12-MAIDEN NAME OF MOTHER Elizabeth Harmon

13-BIRTHPLACE OF MOTHER (State or Country), Lancaster Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lumina Grull
(Address) 745 George st

15-
Filed FEB 23 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 20, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 8 1916 to Feb 20 1916, that I saw her alive on Feb. 20 1916, and that death occurred, on the date stated above, at 7 25 p m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) S. O. Hughes M. D.

Feb. 21 1916 (Address) 1413 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lion cemetery
DATE OF BURIAL, Feb 24, 1916

20-UNDERTAKER Feby & D. Frye
ADDRESS 1022 Mulberry St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C925?8 C925?8

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1807 E. Eastle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar H. Tilg

(Residence in Baltimore: No. 1807 E. Eastle St.; 1 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 12th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick H. H. Tilg

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Annie B. Waltjen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H. H. Tilg

(Address) 1807 E. Eastle

15- FEB 23 1916 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 23 1916, that I saw him alive on Feb 23 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Edward J. Goot M. D.

2/23, 1916 (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Feb 24th, 1916
20-UNDERTAKER	ADDRESS
Hoffman & Seufert	801 N. Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

(92529) HEALTH DEPARTMENT—CITY OF BALTIMORE (92529)

D 64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1018 S. Eutaw ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winder Dorsell.

(Residence in Baltimore: No. 1018 S Eutaw St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Glass factory

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Winder Dorsell

11-BIRTHPLACE OF FATHER (State or Country). ~~Md.~~ Va

12-MAIDEN NAME OF MOTHER Rozan Carpenter

13-BIRTHPLACE OF MOTHER (State or Country), ~~Md.~~ Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Williams

(Address) 907 Warren St

15- Filed FEB 23 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1915, to Feby 19 1916, that I saw him alive on Feby 18 1916, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Frank C. Ferguson M. D.

Feb ..., 1916 (Address) 1730 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER, L. L. Bramble — ADDRESS, 108 N Monty

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92530 HEALTH DEPARTMENT—CITY OF BALTIMORE C92530

CERTIFICATE OF DEATH. 130

1. PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 333 S Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Eleanora Chaney

(Residence in Baltimore: No. 333 S Payson St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan (Month) 21 (Day), 1834 (Year)

7-AGE, 77 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Barry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Turner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles Gray

(Address) 333 S Payson St

15- Filed FEB 23 1916 191.... MARY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to Feb 21 1916, that I saw h[er] alive on Feb 21 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as followa:

Paralysis

Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Unknown

(Duration) yrs. mos. ds.

(Signed) Walter A Coll M. D.

Feb 23, 1916 (Address) Forrest and Lund

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 24, 1916

20-UNDERTAKER J S Frank

ADDRESS 925 N Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92531 C92531

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 Druid Hill av ~~ST.~~ 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice M. Brown

(Residence in Baltimore: No. 1026 Druid Hill av ~~St.~~ 21 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, April (Month) 20 (Day), 1881 (Year)

7-AGE, 34 yrs. 10 mos. 1 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: no Employment except House wife
(b) General nature of industry, business, or establishment in which employed (or employer): was known Managing a Laundry & foreman

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Peter Johns

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Brown

(Address) 1026 Druid Hill av

15-

Filed FEB 23 1916, 191. HARRY O ARLEDGE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17th 1916, to Feb 21st 1916, that I saw her alive on Feb 21 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) ... yrs. ... mos. 1 ds.

Chronic Parenchymatic Nephritis

CONTRIBUTORY (Secondary) 3 Months (Duration) ... yrs. ... mos. ... ds.

(Signed) John F Manger M. D.

Feb 23, 1916. (Address) 1002 Edmondson av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER John H Toadvine

ADDRESS 42 Wolfe St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92532 C92532

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 W Perry ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arianna Tolson

(Residence in Baltimore: No. 401 W Perry St.; 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown ....., 1..... (Month) (Day) (Year)

7-AGE, About 76 yrs. mos. ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Kent Island Md

PARENTS.

10-NAME OF FATHER, William Tolson

11-BIRTHPLACE OF FATHER (State or Country) Kent Island Md

12-MAIDEN NAME OF MOTHER Arianna Tolson

13-BIRTHPLACE OF MOTHER (State or Country), Kent Island Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Carter

(Address) 401 Perret St

15- FEB 23 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to Feb 20 1916, that I saw h Er alive on Feb 20 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

.....

Influenza

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) R. J. McCard M. D.

2/21, 191.6 (Address) 2005 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Auburn Cemetery — DATE OF BURIAL, Feb 23, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92533 C92533

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hospital, St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Ella Hines

(Residence in Baltimore: No. 537 Lemmon St St.; 25 yrs. — mos. — ds.)

CAUSE OF DEATH. Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Don't know (Month) (Day), 1891 (Year)

7-AGE, 25 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Hue Hinds

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER, Sarah Wolford

13-BIRTHPLACE OF MOTHER (State or Country), Easton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Hinds

(Address) 537 Union St

15- Filed FEB 23 1916, 191.. HARRY O. ANDREWS, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1916, to Feb. 20 1916, that I saw her alive on Feb. 20, 1916, and that death occurred, on the date stated above, at 6.05 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Abdominal Viscera
(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. K. Moses M. D.
Feb. 20, 191.6 (Address) Md Genl Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State 25 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 527 Lemmon St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Auburn	Feb. 23 1916
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid St

Spec.—8-24-14—M. & T.—2000 Bks.

C92534 C92534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 918 McCulloh ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baily Rose Rosenberg

(Residence in Baltimore: No. 1918 McCulloh St.; 27 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1840 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 149 E Baltst

15-
Filed FEB 23 1916, 191.. HARRY O. ANDREWS, Registrar.
Burial Permit Oter's

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21st 1916, to Feb 22nd 1916, that I saw her alive on Feb 22nd 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Michael N Hranc M. D.

Feb 23, 1916. (Address) 1634 E Baltst

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	Feb 23, 191 6
20-UNDERTAKER	**ADDRESS**
Jack Lewis	149 E Balt St

Spec.—8-24-14—M. & T.—2000 Bks.

C92535

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92535

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 W Barre St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert W. Griffith

(Residence in Baltimore: No. 731 W Barre St.; 19 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 29 (Day), 1870 (Year)

7-AGE, 46 yrs. 6 mos. 24 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lineman 55
(b) General nature of industry, business, or establishment in which employed (or employer): Western Union T. & Co.

9-BIRTHPLACE, (State or Country): Cumberland Md

PARENTS.

10-NAME OF FATHER, Robert Griffith

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Mary Stanford

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F Griffith

(Address) 731 W. Barre Street

15-

Filed FEB 23 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Feb 22 1916; that I saw h[illegible] alive on Feb 22 1916, and that death occurred, on the date stated above, at 2 20 pm m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) ....yrs. 3 mos. ....ds.

(Signed) W. G. Sellman M. D.

Feb 22, 191... (Address) 6 E. Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Marys Hampden	Feb 25, 1916
20-UNDERTAKER	ADDRESS
Williams Cook	502 E North Ave

CAUSE OF DEATH. Name disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. Name only one cause in a line. For deaths in hospitals or institutions, give residence before admission. Write plainly in ink. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C92536 HEALTH DEPARTMENT—CITY OF BALTIMORE C92536

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 836 Asquith ST.; 10 WARD.) REGISTERED No. C

2-FULL NAME Pauline Friederike Maasberg

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 836 Asquith St. 44 yrs., mos. ds.)

CAUSE OF DEATH. ACE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH: July 2nd, 1871 (Month) (Day) (Year)
7-AGE: 70 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer): At home
9-BIRTHPLACE, (State or Country): Germany

PARENTS.
10-NAME OF FATHER: Samuel Fisher
11-BIRTHPLACE OF FATHER (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Not Known
13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Karl Wm Maasberg
(Address) 836 Asquith St

15- Filed FEB 23 1916, HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11th 1916, to Feb. 21st 1916, that I saw her alive on Feb. 21 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 1 yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Francis A. Sayer M. D.

11.22., 1916 (Address) 937 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemetery — DATE OF BURIAL, Feb. 25., 1916

20-UNDERTAKER Louis Heaman — ADDRESS 32 N. Broadway

C92537 C92537

92

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No. 2103 Mc Henry. ST. 70 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME William A. Holtzschuher

(Residence in Baltimore: No. 2103 Mc Henry St.; yrs., 35 ms. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ..Sept.. (Month) ..25th.. (Day), 1848. (Year)

7-AGE, 67 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Hair Factory

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarbacker

(Address) 291 S. Pulaski St.

15 FEB 23 1916 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Feb.. (Month) ..20th.., (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..Inquest.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to..his.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Polar Pneumonia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner.)

Feb. 21st, 1916. (Address) 230 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Mathew's Cemetery	Feb. 23., 1916.
20-UNDERTAKER	ADDRESS
Geo. L. Schuster & Bro.	2101 Fredk Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE [illegible] UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

092538

HEALTH DEPARTMENT—CITY OF BALTIMORE

10

092538

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3540 Old York Road ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Walter

(Residence in Baltimore: No. 3540 Old York Road St.; 10 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Walter

(Address) 3540 Old York Road

15-

Filed FEB 23 1916, 1916 HARRY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1916, to Feb 20th 1916, that I saw h.. alive on Feb 20th 1916, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

La Grippe

..... (Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Phlebitis

..... (Duration) ... yrs. ... mos. 6 ds.

(Signed) Geo W. Youngstroyd M.D.

Feb 23rd 1916. (Address) 2537 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Feb'y 23, 1916.
20-UNDERTAKER	ADDRESS
C. A. Hedefeld Jr	Fremont Ave

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

CB2539 — 152 — CB2539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Robertson.

Residence in Baltimore: No. University Hospital St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... 2 (Month) 21 (Day), 1916 (Year)

7-AGE, ... 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Furby.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Emma Robertson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed FEB. 23. 1916 HARRY O. ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 2 (Month) 21. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-21 1916, to 2-21 1916, that I saw him alive on 2-21 1916, and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Immaturity. Atelectasis.

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ..2..yrs. .....mos. .....ds.

(Signed) L. Hal E. Sims M. D.

2-21, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. 15 mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 637 Vine St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	FEB. 24. 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

617

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 1916 12518

CITY OF BALTIMORE: (No. 1800 E. Biddle St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Trenner

(Residence in Baltimore: No. 1800 E. Biddle St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct. (Month) 16 (Day) 1841 (Year)

7-AGE: 74 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home Duties at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frank Erbinger

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: — Friedenberger

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Schaffer

(Address) 1812 E. Eager

15- FEB 23 1916 Filed ..., 191...

MANET O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 22 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1916, to, Feb. 19 1916, that I saw her alive on Feb. 19 1916, and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
Endocarditis - Chronic
Nephritis - Chronic

(Duration) 3 yrs \ mos \ ds

Contributory (SECONDARY) ... (Duration) ... yrs ... mos ... ds.

(Signed) Edgar P. Sandrock M. D.

Feb 24 1916 [Address] 1601 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Feb 24, 1916

20-UNDERTAKER: Henry Koeck & Son — ADDRESS: 1501 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92541

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E. 21st ST.; 12 WARD)

REGISTERED No. C92541

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Cooke

(Residence in Baltimore: No. 410 E. 21st St

St.; 20 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	married

6-DATE OF BIRTH, Unknown, 187[illegible]
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Thos Cooke

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cooke

(Address) 410 E 21 St

15- FEB 23 1916 Filed, 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 16th, 1916, to February 21st 1916, that I saw h[illegible] alive on February 21 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Gangrene of Lung

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Reginald J Towns M. D.

Feb 21, 1916 (Address) 414 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wm. Sharp Brown	Feb 24, 1916
20-UNDERTAKER, E. A. Wedefeldt Jr	ADDRESS Freemont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92542 C92542

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1012 Mc Donough St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve E. Boettger

(Residence in Baltimore: No. 1012 N. Mc Donough St.; 19 yrs., 10 mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. April (Month) 2 (Day), 1896 (Year)

7-AGE. 19 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER. George M. Boettger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Annie F. Bracken

13-BIRTHPLACE OF MOTHER (State or Country). Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Annie F. Boettger

(Address) 1012 Mc Donough St.

15- Filed FEB 23 1916 191... MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to Feb 21 1916, that I saw h er alive on Feb 21 1916, and that death occurred, on the date stated above, at 10 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John L. Finley M. D.

2/22, 1916 (Address) 1223 N. Carlton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery — DATE OF BURIAL. Feb. 25, 1916

20-UNDERTAKER Henry Kreck & Son — ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92543 C92543

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2317 Harford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Ida. Haase

(Residence in Baltimore: No. 2317 Harford Ave St.; 5 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. November 6, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 3 mos. 16 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, William. L. Haase

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER May Crook

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William L. Haase

(Address) 2317 Harford ave

15- FEB 23 1916 HARRY O. ...
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to Feby 22 1916, that I saw h[illegible] alive on Feby 22nd 1916, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Influenza Fever

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feby 23, 1916. (Address) 1501 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	February 25, 1916
20-UNDERTAKER	ADDRESS
Henry Hoch & Son	1201 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92541 C92541

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward V. Williams

(Residence in Baltimore: No. 906 E Biddle St.; 11 yrs., 2 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 15, 1904
(Month) (Day) (Year)

7-AGE, 11 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attended School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Harry E. Williams

11-BIRTHPLACE OF FATHER (State or Country), Norfolk Va.

12-MAIDEN NAME OF MOTHER Nora Kerns

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Harry E. Williams

(Address) 906 E Biddle St

15 FEB 23 1916 HARRY O. ANDREWS,

Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10 1915, to Feb. 22 1916, that I saw h.... alive on Feb. 21 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Ent. Valvula disease of heart.

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Inflamation Rheum.

(Duration) yrs. mos. ds.

(Signed) Benj. S. Handy M. D.

Feb. 22., 1916. (Address) 1216 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	Feb. 24., 1916.
20-UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C92545

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92545

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 3108 W. Northan ST.; 15 WARD)
2-FULL NAME Louisa Nickols
(Residence in Baltimore: No. 3108 W. Northan St.; Life yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 2, 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 11 mos. 17 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country) Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mossing
(Address) 3108 W. Northan

15-
Filed FEB 23 1916 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1914, to Feb 20" 1916, that I saw her alive on Feb 19" 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Parabysis

(Duration) 4 yrs. 2 mos. 26 ds.

(Signed) Herbert E. Sapp M. D.

2/23/16., 191... (Address) 305 N. Mon Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem
DATE OF BURIAL, Feb. 23, 1916.
20-UNDERTAKER Wm. J. Dickey & Sons
ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. AGE at CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD
AGE should be stated EXACTLY. PHYSICIANS should state
properly classified. Exact statement of OCCUPATION is very

C92546

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92546

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Eutaw St ST. 27 WARD) 19

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dixon

(Residence in Baltimore: No. 636 Eutaw St St. Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): ~~Single~~ Widow

6-DATE OF BIRTH: Date Known (Month) (Day), 1873 (Year)

7-AGE: 43 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic 877
(b) General nature of industry, business, or establishment in which employed (or employer): Nurse

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Coe Benns

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Uneal Giles

(Address) 636 Eutaw St.

15- Filed FEB 23 1916 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23, 1916, to, Feby 22 1916

that I saw ~~her~~ alive on Feby 21 1916

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs 1 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C. G. Smith M.D.

2/23, 1916. [Address] 90 Eighth St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cmtry

DATE OF BURIAL: Feb 25 1916

20-UNDERTAKER: Alfred J Freeland

ADDRESS: 1145 Schroeder

C92547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92547

28

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 26 Gwynn Oak Ave ST. 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. McMackin Jr.

(Residence in Baltimore: No. 3552 Roland Ave. St.; ...yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: May 21, 1870 (Month) (Day) (Year)

7-AGE: 45 yrs. 9 mos. ... ds.

If LESS than 1 day, ... hrs. or ... mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Mt Vernon Mills

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Andrew J. McMackin

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Copper

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. McMackin

(Address) 3552 Roland Ave

15- Filed FEB 23 1916, 19.. HARRY O. ANDREWS, Burial Permit Officer

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry C. Blum M. D.

(Address) 364 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL, Feb 24 19 16

20-UNDERTAKER: Cunnowetts Son

ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92548 135 C92548

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Kalinska

(Residence in Baltimore: No. 2139 Cambridge St.; 3 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 15th (Day), 1883 (Year)

7-AGE, 32 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Kasper Alatowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Agnes Olszewski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kalinski

(Address) 2139 Cambridge St

15. Filed FEB 23 1916, 191... ROBERT . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 22nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1916, to Feb 22nd 1916, that I saw her alive on ..... 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Stock and
Post partum Hemorrhage
(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Faulty birth presentation (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jacob L. Winner M. D.

2-22, 1916 (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Feb 24 1916
20-UNDERTAKER, Jacob Fialkowski	ADDRESS 432 S. Bond

Corr

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

151/2

C92549 C92549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

• CITY OF BALTIMORE (No. 1524 Presstman street, ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Robinson,

(Residence in Baltimore: No. 1524 Presstman street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, January 11th, 1916.
(Month) (Day) (Year)

7-AGE, 0 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Robinson,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Carrie Hall,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Hall, mother,

(Address) 1524 Presstman street.

15-FEB 23 1916 ROBERT . KRAUTER,
Filed ....., 191.... Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH• was as follows:

Infantile Tabes,
((non luetic))
(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Malassimilation and artificial feeding, (Duration) yrs. mos. ds.

(Signed) A. Frederick Hoeniger M. D.
(Coroner.)

Feb. 21st 1916. (Address) 3310 W. North av.

•State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. WM. E. WOODALL

JOHNS HOPKINS HOSPITAL FEB 23 1916

FOR ANATOMICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92550 C92550

151 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2115 Eagle St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Molofsky

(Residence in Baltimore: No. 2115 Eagle St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	child

6-DATE OF BIRTH Feb 22, 1916
(Month) (Day) (Year)

7-AGE — yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City.

PARENTS

10-NAME OF FATHER Joseph Molofsky

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Lillie ?

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Molofsky

(Address) 2115 Eagle St

15 Filed FEB 23 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb 22, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from —, 191—, to —, 191—, that I saw h[illegible] alive on Feb 22, 1916, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Feb 23, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Mashiyach | DATE OF BURIAL Feb 23, 1916

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

C92551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C92551

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Barclay St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Edmund Forwood

(Residence in Baltimore: No. 2738 Barclay St. St. 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH, July (Month) 9 (Day), 1881 (Year)

7-AGE. 34 yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs. or .... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman P.R.R. 5-20
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Harford Co Md.

PARENTS.

10-NAME OF FATHER, John R. Forwood

11-BIRTHPLACE OF FATHER (State or Country), Harford Co

12-MAIDEN NAME OF MOTHER Mary L. Bull

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jessie Forwood

(Address) 2428 Barclay St

15 FEB 23 1916 ROBERT KRAUTER Burial Permit Clerk

Filed ..... 191 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23rd (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1916, to Feb 23rd 1916, that I saw h— alive on Feb 23rd 1916, and that death occurred, on the date stated above, at 1.20 PM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jas. N. Jungerman M.D.

Feb 23rd 1916. (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Vernon Cemetery White Hall Md

DATE OF BURIAL, Feb 27 p., 1916.

20-UNDERTAKER R. Mackline & Son

ADDRESS White Hall, Md

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92552 C92552 X 114

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore B. Horan

(Residence in Baltimore: No. (none) 9 days Johns Hopkins Hosp.) St.; ....yrs., ...mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	married

6-DATE OF BIRTH, March 19, 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Nicholas Co. West Virginia

PARENTS.

10-NAME OF FATHER, Pat'k D. Horan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary C. Duffy

13-BIRTHPLACE OF MOTHER (State or Country), Nicholas Co. W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15 FEB 23 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 1 1916, to February 23 1916, that I saw him alive on February 23 1916, and that death occurred, on the date stated above, at 2 15 a.m.

The CAUSE OF DEATH* was as follows:

Gall Stones

(Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Gall Stone in Common Bile Duct

(Duration)...0...yrs...0...mos...12...ds.

(Signed) Harvey T. Nusser M. D.

F.V. 23, 191.6. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Sommerville W Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sommerville, W. Va	2/23, 1916.
20-UNDERTAKER Henry W. Meagher	ADDRESS 1052 N. Eutaw

Via C. & O. R. R. Andrew J. Horan, Escat

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92553

CERTIFICATE OF DEATH.

120 C92553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. Broadway ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Roland Hutt

Residence in Baltimore: No. 1738 N. Broadway St.; life yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Feby 10th, 1885.
(Month) (Day) (Year)

7-AGE, 31 yrs. — mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman for
(b) General nature of industry, business, or establishment in which employed (or employer): Washburn Crosby Flour mchts

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Steptoe D. Hutt

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Bella W. Cullison

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bella W. Hutt

(Address) 1738 N. Broadway

15- FEB 23 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1916, to Feb 22 1916, that I saw h m alive on Feb 20 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia
Cystitis Chron
Sudden

Don't Know (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic nephritis

Don't Know (Duration) ....yrs.....mos.....ds.

(Signed) W. A. B. Dellinger M. D.

2/23/16, 191... (Address) 5 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, Feby 25, 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 1201 W. Fayette St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92554 167 C92554

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hosp. 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Johnson

(Residence in Baltimore: No. 1608 W. Fayette St St.; yrs. Safe mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Dec. 30th, 1855.
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, John W. Barry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Arietta Clayton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John B. Johnson
(Address) 1608 W. Fayette St

15- FEB 23 1916 Filed....., 191.....
ROBERT . KRAUTNR, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. Accident.
(Clothing ignited from hot coals.)
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration) .....yrs.....mos.....ds.

(Signed) Saml. Hinkley M. D.
(Coroner.)
Feb. 22nd, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1/4 ds. In the State. 56 yrs. 2 mos. 2 ds.

Where was disease contracted, if not at place of death? 1608 W. Fayette St

Former or usual residence 1608 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Feb. 24, 19.16

20-UNDERTAKER Geo F. Smith ADDRESS 100 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(92055) 92 (92055)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Linden Ave St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mayer

(Residence in Baltimore: No. 1726 Linden Ave St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 28, 1823 (Month) (Day) (Year)

7-AGE, 92 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Mayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amalie Strauss

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Mayer

(Address) 1726 Linden Ave

15- FEB 23 1916 ROBERT . KRAUTER, Filed ....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22d, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1916, to Feb 22d, 1916, that I saw h alive on Feb 21st, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (acute)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Sepsis

(Duration) yrs. mos. ds.

(Signed) H. W. Hellmuth M. D.

Feb. 23, 1916 (Address) 1726 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bactv Helvincia DATE OF BURIAL, 2/24, 1916.

20-UNDERTAKER J. A. Brown Co ADDRESS 16 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

692556 692556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S Fremont Ave ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer F. Shrote

(Residence in Baltimore: No. 226 S. Fremont Ave St.; 5 yrs., 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 18 (Day), 1910 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 7 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Shrote

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Myrtle C. Gather

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle C. Shrote

(Address) 226 S. Fremont Ave

15- Filed FEB 23 1916, ROBERT . KRAUTH, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 2 1916, to Feb. 23 1916, that I saw h[illegible] alive on February 23 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Nephritis 10 days
acute Endocarditis 10 days

(Duration) ....yrs. ....mos. 20 ds.

(Signed) Jas. M. Delcrett M. D.

Feb. 23, 1916. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cemetery	Feb. 24, 1916
20-UNDERTAKER William Cook & Co	ADDRESS 502 E North ave

4 P. M.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C92557 HEALTH DEPARTMENT—CITY OF BALTIMORE 147 C92557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Mount ST.; 15 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Newport Bendall

(Residence in Baltimore: No. 1822 N. Mount St. St.; 18 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feby 27 (Month), (Day), 1855 (Year)

7-AGE, 60 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor 35
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Charles Randell

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Amy Lucas?

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha C. Bendall

(Address) 1822 N. Mount St

15- FEB 24 1916 191. Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Riley 22nd (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1915, to Riley 22nd 1916, that I saw h[im] alive on Riley 22nd 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Lacerated Arteritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Eugene Douglas M. D.

Riley 23, 1916 (Address) 820 N. Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Riley 24, 1916
20-UNDERTAKER	ADDRESS
H. Thomas Son	Norwood

Dr. Eugene Douglas 820 N. Mount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092558 092558

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620. S. Dallas ST.: 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslawa. Dull.

(Residence in Baltimore: No. 620 S. Dallas St.: ....yrs., 5 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 8 (Day), 1915 (Year)

7-AGE, ...yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Dull

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Teresa Pompka.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Dull

(Address) 620 S. Dallas

15- Filed FEB 24 1916 191. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17 1916, to Feb 20 1916, that I saw h[illegible] alive on Feb. 20th 1916, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. M. Evans M. D.

Feb. 23, 1916 (Address) 740 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb. 27, 1916

20-UNDERTAKER William Frankowski ADDRESS 668 Carlton

Spec.—8-24-14—M. & T.—2000 Bks.

(92559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

(92559

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 Harford ave. (St.) 9 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie A Ara.

(Residence in Baltimore: No. 1823 Harford ave. St.; Life (Yrs.) ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1850
(Month) (Day) (Year)

7-AGE, 66 Years ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Witter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Ara.

(Address) 1823 Harford ave

15-

Filed FEB 24 1916, 191. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1915, to Feb 22 1916, that I saw her alive on Feb 21 1916, and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:

Diabetes Coma

..... (Duration) ..... yrs. ..... mos. X ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) John L. Davidson M. D.

Feb 23, 1916. (Address) 1747 E Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Feb. 24th, 1916.
20-UNDERTAKER George L. Ruth.	ADDRESS 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92560

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92560

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 W Hill ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Hill

(Residence in Baltimore: No. 231 W Hill St.; 42 yrs., mos. ds.)

CAUSE OF DEATH. In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Chas Washington

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Scott

(Address) 520 W Lee St

15- Filed FEB 24 1916, 191. HARRY O ANDERSON, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feb 21 1916, that I saw h e alive on Feb 20 1916, and that death occurred, on the date stated above, at 2.50 a. m.

The CAUSE OF DEATH* was as follows: Acute Bronchitis (L.B.)

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 21 ds.

(Signed) C. N. Hiss M. D.

Feb 23 1916 (Address) 712 S. Stanford St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Feb. 24, 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W Hill

092561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 927 Fell St.: 2 WARD) REGISTERED No. C

2-FULL NAME John Andrew Grill

(Residence in Baltimore: No. 927 Fell St.: Yrs. 2 mos. 21 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 2, 1915.
(Month) (Day) (Year)

7-AGE, Yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John A. Grill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Josephine Prada

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jno. A. Grill
(Address) 927 Fell St.

15- Filed FEB 24 1916, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. W. Forres M. D.
(Coroner.)
(Address) 3116 O'Donnell St.
Feby 23 1916.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Feb. 24th, 1916

20-UNDERTAKER H. Vander Horn ADDRESS 1116 Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

C92562

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

C92562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Wolfe ST.; 2 WARD)

REGISTERED No. C.....

2-FULL NAME Helen R. Porter

(Residence in Baltimore: No. 126 S. Wolfe St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 26th (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Harry J. Porter

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER, Lillian Ronda

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Porter

(Address) 126 S. Wolfe St

15-

Filed FEB 24 1916 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to Feb 23 1916, that I saw her alive on Feb 23 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

.....

.....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Jurneke M. D.

Feb 23, 1916. (Address) 118 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, Feb 25th, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1310 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92563 — 92 — C92563

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1822 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Bauer

(Residence in Baltimore: No. 1822 Fleet St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Feb. (Month) 2nd (Day), 1840 (Year)

7-AGE,	If LESS than 1 day,
76 yrs. ..... mos. 19 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 16 years

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Menkel

(Address) 1822 Fleet St

15-

Filed FEB 24 1916 191.. HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 19 1916, to Feby 21 1916, that I saw h[illegible] alive on Feby 19 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Fatigue of Laborer

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Beetz M. D.

2/27, 1916 (Address) 107 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 24 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pratt St.

Important. See instructions on back of certificate. ... may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92564 C92564

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 N. Calvert ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne A Tubman

(Residence in Baltimore: No. 1641 N Calvert St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 6, 1829
(Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Harwood

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fanny Byes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne A Tubman

(Address) 1641 N Calvert St

15- FEB 24 1916 Filed, 191 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to Feb 23 1916, that I saw her alive on Feb 21" 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure & Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 6 ds.

(Signed) Thos. B Kenny M. D.

2-23", 1916. (Address) 1007 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md

DATE OF BURIAL, Feb 25, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 503 E Pratt

important. See instructions on back of certificate. ...may be properly classified. Exact statement of OCCUPATION is very ...PHYSICIANS should state ...that if may be

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92565 C92565

REGISTERED No. C 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Gen'l Hospital St., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Herbert

(Residence in Baltimore: No. St Vincents Infant Asylum St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... April ..... (Month) ..... (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 10 mos. ..... da.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Vincent De Sales

(Address) 1801 Maryland Ave

15- Filed FEB 24 1916 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 23 1916, that I saw her alive on Feb 23 1916, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

Pelvic abscess Pneumococcus

..... (Duration) ..... yrs. ..... mos. 14 ..... ds.

CONTRIBUTORY (Secondary) Pelvic abscess

..... (Duration) ..... yrs. 1 ..... mos. ..... ds.

(Signed) E. K. Vases M. D.

Feb. 23, 1916. (Address) Gen'l Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Before ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St. Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL. Feb. 24 1916

20-UNDERTAKER Austin Fahey & Son ADDRESS 606 Fayette Ave

Important. See instructions on back of certificate. If any of what it may be properly classified. Exact statement of OCCUPATION is very

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92566 C92566

CERTIFICATE OF DEATH

154

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1315 Linden Ave ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Gunther

(Residence in Baltimore: No. 1315 Linden Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February 24, 1916 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 20 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: /
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Albert Gunther

11 BIRTHPLACE OF FATHER (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Comer

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A Gunther

(Address) 1315 Linden ave

15 Filed FEB 24 1916, 191 HAROLD O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1916, to Feb. 24 1916, that I saw h[illegible] alive on Feb. 24, 1916, and that death occurred, on the date stated above, at 6[illegible] m.

The CAUSE OF DEATH* was as follows:

Premature birth. pregnancy of 3½ months.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) debility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) WM H Sellman M. D.

Feb. 24, 1916. (Address) 5 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feb 24, 1916

20 UNDERTAKER: Chas F. Evans & Son

ADDRESS: 1182 W Mt Royal

CB2567

HEALTH DEPARTMENT—CITY OF BALTIMORE.

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 931 Pierce ST.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Johnson

(Residence in Baltimore: No. 931 Pierce

Sta'k yrs., ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): (own Shop)

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte Johnson

(Address) 931 Pierce St

15-
Filed FEB 24 1916, 191.. DANIEL C. ARMS, Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, autopsy or inquiry.) ~~and~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) yrs. mos. ds.

(Signed) J. J. Toffey M. D.
(Coroner)

Feb 23 191.. (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Ct	Feb 25, 1916

20-UNDERTAKER	ADDRESS
S. L. Brown's Son	1517 Mont

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S Cary ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard J Quinn

(Residence in Baltimore: No. 222 S Cary St.; yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov (Month) 18 (Day) 1915 (Year)

7-AGE, yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edward J Quinn

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Cora M Berry

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora M Quinn

(Address) 222 S Cary st

15- Filed FEB 24 1916, 191.... MARY O ARCHBALD Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1916, to Feb 24 1916, that I saw h— alive on Feb 23 1916, and that death occurred, on the date stated above, at 5 55 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis (?)

(Duration) — yrs. 3 mos. 0 ds.

(Signed) F. A. Vamp M. D.

Feb 24, 1916 (Address) 7 E Lan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Feb 25, 1916.
20-UNDERTAKER John J Fields	ADDRESS 1205 W Lanvale

important. See instructions on back of certificate.

C92569

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C92569

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 125 N Schroeder ST. 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M Ross

(Residence in Baltimore: No. 125 N Schroeder St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Col	Single

6-DATE OF BIRTH, June (Month) 13 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Nathaniel Ross

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Opher

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Ross

(Address) 125 N Schroder st

15-

Filed FEB 24 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

Feb 23 1916 (Address) 242 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Auburn Cem	Feb 24, 1916
20-UNDERTAKER	ADDRESS
Alfred Freeland	114 N Schroeder st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92570 C92570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Eutaw Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beth Sheba Potts

(Residence in Baltimore: No. 2110 E Monument St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH? Unknown (Month) (Day), 1868 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS:

10-NAME OF FATHER, Leibe Yoffee

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Shane Yutze

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Ephraim M Potts

(Address)...2110 E Monument St

15 FEB 24 1916 HARRY O. ARLANDS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 13 1914, to Feb 23 1916, that I saw h[illegible] alive on Feb 23 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

4 yrs

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Leo Kaplan M. D.

2/23 191... (Address) 1116 S Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 2/24, 1916

20-UNDERTAKER Jack Levin

ADDRESS 1419 E Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92571 C92571

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Manis Kerson

(Residence in Baltimore: No. 1645 N. Monroe St. St.; 20 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): 314

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Kerson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. J. Friedman

(Address) 1645 N. Monroe St.

15- Filed FEB 24 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 23 1916, that I saw him alive on Feb - 23 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) 15 yrs. ... mos. ... ds.

(Signed) W. Houston Fountain M. D.

Feb. 23., 191.6 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 20 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1645 N. Monroe St

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cemetery — DATE OF BURIAL, Feb 24, 1916

20-UNDERTAKER A. Lyons & Bro — ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

C92572

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92572

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Biddle ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace N. Lindsay.

(Residence in Baltimore: No. 505 A Biddle St.; 1 yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct (Month) 7th (Day) 1914 (Year)

7-AGE, 1 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wallace Lindsay

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J. Keller

(Address) 222 W. Monument St.

15- FEB 24 1916 BOARD OF HEALTH

Filed ....., 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 22 1916, that I saw him alive on July 21 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. J. Keller M. D.

July 22, 1916. (Address) 222 W. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	24, 1916
20-UNDERTAKER Samuel I. Kennedy	ADDRESS 578 N. Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92573 C92573

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Wandt

(Residence in Baltimore: No. 236 S. Dallas St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black.	Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed FEB 24 1916 191... HARRY O ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 29 1915, to Feb 20 1916, that I saw her alive on Feb. 20 1916, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Syphilis, Syphilitic hepatitis
Cirrhosis suppurative, Myocarditis
Acute suppurative
.....
(Duration) ..... yrs. 4 mos. 15 ds.

CONTRIBUTORY Multiple drug
(Secondary)
Infarcts (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Paul W. Thompson M. D.

Feb. 20 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 83 ds. In the State ..... yrs. ..... mos. ..... ds. ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence 236 S. Dallas St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	FEB. 23 1916 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92574

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C92574

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hos ST.; WARD)
2-FULL NAME Baby Rutter ?
(Residence in Baltimore: No. 616 N. Glover St. St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single
6-DATE OF BIRTH, Feb. (Month) 18 (Day), 1916 (Year)
7-AGE, ... yrs. ... mos. 5 ds.
If LESS than 1 day, ... hrs. or .... min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Fred Rutter
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Cora Sellers.
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) F. Rutter
(Address) Johns Hopkins Hosp.

15- Filed FEB 24 1916, 191 HARRY O. ANDREWS, Registrar.
BURIAL PERMIT Oter's

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916, to Feb 23 1916, that I saw h[illegible] alive on Feb 23 1916, and that death occurred, on the date stated above, at 3 10 p. m.

The CAUSE OF DEATH* was as follows:
Prematurity
.....
.....
..... (Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary)
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Gilbert R. Ronenthal M. D.
Feb ..., 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 616 N. Glover St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL
DATE OF BURIAL, FEB 23 1916, 191...

20-UNDERTAKER
ADDRESS

Commissioner of Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92575 C92575

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert A. Simms Jr

(Residence in Baltimore: No. 1508 Millington St ST.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Mar 1, 1915
(Month) (Day) (Year)

7-AGE, 10 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Scholar
(b) General nature of Industry, business, or establishment in which employed (or employer): 62

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Simms

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Williams

(Address) 1508 Mt. St.

15-FEB 24 1916 HARRY O ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Feb 21 1916, that I saw h... alive on Feb 21 1916, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ....yrs. 1 mos. 14 ds.

(Signed) Austin Smith M. D.

Feb 24, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 0 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1508 Millington St

Former or usual residence 1508 Millington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	FEB 23, 191...
20-UNDERTAKER Health Commissioner	ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M, S T—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 108 092576

1-PLACE OF DEATH Hahnemann Gen Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1111 N Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Myers

(Residence in Baltimore: No. Hahnemann Gen Hospital St.; ....yrs.,....mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) Dec (Day) 31st, (Year) 1892

7-AGE,	If LESS than 1 day,
23 yrs. 11 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Work

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Geo Edward Myers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Joanna Mathias

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Myers

(Address) Woodlawn Md.

15- Filed FEB 24 1916, 191... HARRY O ARLAND, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb (Day) 23, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1916, to Feb 23rd 1916, that I saw h.... alive on Feb 23rd 1916, and that death occurred, on the date stated above, at 10 1/2 m.

The CAUSE OF DEATH* was as follows:

.....Ruptured Appendix.....

..... (Duration)....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Sepsis

..... (Duration)....yrs....mos....ds.

(Signed) Dr H H Stansbury M. D.

Feb 23rd, 1916. (Address) 820 W North Ave

Pa Volun Res Corps, U S Vol Police

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 23 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Woodlawn Md

Former or usual residence Woodlawn Md

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Feb 25th, 191.6
20-UNDERTAKER Randall Town	ADDRESS
Joseph B. Cost	1003 Bates

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92577

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92577

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hartman

(Residence in Baltimore: No. 603 Smith St St.; ....yrs.,....mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Feb 24, 1916 (Month) (Day) (Year)

7-AGE. ....yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, August Hartman

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Maggie Hanks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Hartman

(Address) 603 Smith St

15- FEB 24 1916 ROBERT . KRAUSER, Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1916 to Feb 24 1916, that I saw h m alive on Feb 24 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

.....

.....

..... (Duration) ....yrs. 8 ....mos. ....ds.

CONTRIBUTORY (Secondary) Asphyxia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. L. Bruns M. D.

2/25/16, 191... (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 603 Smith St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Balto	Feb 25, 1916
20-UNDERTAKER David Carbon	ADDRESS 916 Penna ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form.—3-19-13—M. & T.—500 Blks.

Genette R. Lang

C92578

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

C92578

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Riviera Ave ST.; 24 WARD)

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Genette Rose Lang

(Residence in Baltimore: No. 1516 Riviera Ave St.; ....yrs., mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb (Month) 11 (Day), 1914 (Year)

7-AGE, ...yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Hermann C Lang

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elmira H Cochran

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hermann C Lang Father

(Address) 1516 Riviera Ave

15- FEB 24 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 2 (Month) 24 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1916, to Feb 24 1916, that I saw h ll alive on Feb 23 1916, and that death occurred, on the date stated above, at 49. m.

The CAUSE OF DEATH* was as follows:

.....

..... Acut Duanition

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Maurice Jones M. D.

Feby 24, 191.6 (Address) 423 S Fork Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, WESTERN DATE OF BURIAL, FEB 24 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 80 C92579

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C92579

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 121 S. Monroe ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Florence Schoolden

(Residence in Baltimore: No. 121 S Monroe St.; 20 yrs. ..... mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH Feb 12, 1896 (Month) (Day) (Year)

7 AGE 20 yrs. ..... mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Henry Schell

11 BIRTHPLACE OF FATHER (State or country): Maryland Baltimore

12 MAIDEN NAME OF MOTHER: Jessie Akers

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo H. Schoolden

(Address) 121 S. Monroe

15 ROBERT . KRAUTER, Burial Permit Clerk.

Filed FEB 24 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1916, to Feb 23 1916, that I saw h[illegible] alive on Feb 23, 1916, and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Mitral Disease of Heart

1

Chronic Myocarditis (Duration) ..... yrs. ..... mos. 36 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry D Kolb M. D.

Feb 23, 1916 (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	July 25, 1916
20 UNDERTAKER	ADDRESS
Philip Heraty	2016 Orleans St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

092580 092580

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 N Caroline ST. 6 WARD) Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Le Gripps

(Residence in Baltimore: No. 211 N Caroline St. Fife yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: May (Month) 3rd (Day), 1862 (Year)

7-AGE: 53 yrs. 9 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Hous Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Autan Hackhaus

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara Weigert

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John S Gripps

(Address) 211 N Caroline St

15- FEB 24 1916 Filed ....., 191.. ROBERT . KRAUTHE, Burial Permit Clerk. REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feby (Month) 23rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/14/16, 191.. to 2/23/16 191.., that I saw h.. alive on 2/22/16, 191.., and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

..... (Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Coma

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Alb S Bage M. D.

2/23/16, 191.. (Address) 709 N Belway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem'y — DATE OF BURIAL: Feb 26, 191.6

20-UNDERTAKER: Albert C Fuller — ADDRESS: 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92581 92 C92581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Baer

(Residence in Baltimore: No. 525 S Charles St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1850 (Year)

7-AGE, 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Diver
(b) General nature of industry, business, or establishment in which employed (or employer) 587

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Charles Baer

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Margaret Hines

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Wm Baer

(Address) ..... 116 E. Lettuary St.

15- Filed FEB 24 1916, 191.. ROBERT KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Feb 22 1916, that I saw h.. alive on Feb 22 1916, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) Unknown hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) 2 yrs. 3 mos. ..... ds.

(Signed) ..... Hurlin ..... M. D.

2/22, 1916 (Address) ..... University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 60 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 525 S Charles St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Feb 25, 1916
20-UNDERTAKER	ADDRESS
F. A. Krause	703 Hamm

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92582

CERTIFICATE OF DEATH.

64

C92582

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 W Fulton Ave St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Hulshoff

(Residence in Baltimore: No. 109 N. Fulton Ave St.; 65 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb 9, 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. 14 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Store Keeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John G. Hulshoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie C. Hulshoff

(Address) 109 N. Fulton Ave

15-FEB 24 1916 ROBERT F. KRAUTER,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Feby 23 1916, that I saw h pm alive on Feby 23 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 2 hrs

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) M. O'Neill M. D.

Feby 24 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Feb 26, 1916

20-UNDERTAKER G. A. Krause

ADDRESS 703 Hanover St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92583 — 1 13 — C92583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Trauly

(Residence in Baltimore: No. 2212 Jefferson St.; 41 yrs., mos. ds.)

REGISTERED No. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 18, 1864. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
51 yrs. 5 mos. 5 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Lindenburger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Trauly

(Address) 2212 Jefferson St

15- FEB 24 1916 Filed, 191... ROBERT . KRAUTER. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1915, to Feby 22 1916, that I saw h er alive on n o n 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver — Chronic Valvular Heart disease

(Duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H Ollenburg M. D.

Feby 24, 1916 (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. Is the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Mary's Founder — DATE OF BURIAL, Feb 26, 1916.

20-UNDERTAKER Robert J Turner — ADDRESS 1442 Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92584 C92584

CERTIFICATE OF DEATH. 10

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Carswell ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel D. Myers

(Residence in Baltimore: No. 1700 Carswell St.; ...yrs., ...mos. ...ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 5, 1844. (Month) (Day) (Year)

7-AGE, 71 yrs. 11 mos. 5 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Well Digger
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Myers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Greta Waldschmidt

(Address) 1700 Carswell St.

15- Filed FEB 24 1916 ROBERT . KRAUTER, Burial Permit Clerk. By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to July 25 1916, that I saw h[illegible] alive on July 23 1916, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Dementia

(Duration) ...yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. mos. 3 ds.

(Signed) H. L. Dunn Westbrook M. D.

July 27, 1916. (Address) 1618 Goucher ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St John Cemetery	Feb 26., 1916
20-UNDERTAKER	**ADDRESS**
Robert J. Turner	1442 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092585 154 092585

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Irving Place St.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Mary King

(Residence in Baltimore: No. 3 Irving Place, or; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Widow

6-DATE OF BIRTH. December (Month) 1 (Day), 1838. (Year)

7-AGE, 77 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Artern, Germany.

PARENTS.

10-NAME OF FATHER, Friedrich Boerner.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emily Mary ——?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert B. King

(Address) 2240 Madison Ave.

15- Filed FEB 24 1916 191. ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23d, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11th 1916, to Feby 23d 1916, that I saw her alive on Feby 23d 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Stomach trouble a purely physiological death I have every Confidence and Grave Debility only Feable Pulse Tuberculosis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —— (Duration) yrs. mos. ds.

(Signed) D. W. Cathell M. D.

Feb 24, 1916. (Address) 1636 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Feb 26, 1916.
20-UNDERTAKER	**ADDRESS**
H E Hughes	1541 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Emma L. Cole.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C92586

C92586

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Imelda Cole

(Residence in Baltimore: No. 954 N. Chester St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH ..... Sept 26, 1881
(Month) (Day) (Year)

7-AGE, 34 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Upton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cole

(Address) 954 N. Chester

15- Filed FEB 24 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... February 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1915, to Feb 23 1916, that I saw h Er alive on Feb 22 1916, and that death occurred, on the date stated above, at 9:25 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Asthma

(Duration) yrs. 2 mos. ds.

(Signed) Edward D Krout M. D.

Feb 23, 1916 (Address) 413 E Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 26, 1916

20-UNDERTAKER Milton N Lore — ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

Rosalia Pressprich

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92587 64 C92587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Mount ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Pressprich

(Residence in Baltimore: No. 326 S. Mount St.; 2 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Feb 11 23 1865 1916
(Month) (Day) (Year)

7-AGE, 51 yrs. ..... mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Michael Krone

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rozalia (unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Get

(Address) 326 S. Mount St.

15. FEB 24 1916 ROBERT . KRAUTER.
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1916 to Feb 23 1916, that I saw h[er] alive on Feb 22 1916, and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

~~Uter~~ Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Krug M. D.

Feb 23, 1916. (Address) 1002 N. Bamard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem	2/26, 1916.
20-UNDERTAKER	ADDRESS
Robt. Brooks & Son	S.E. Cor Calhoun & Hollins

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92588 — 92 — C92588

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 725 Pennington Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick William Busse

(Residence in Baltimore: No. 725 Pennington Ave St. 14 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH Feb 13, 1860 (Month) (Day) (Year)

7 AGE 56 yrs. — mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Chief Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R. R Co

9 BIRTHPLACE (State or country): Indiana

PARENTS

10 NAME OF FATHER: C. W. Busse.

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Sophia Helle.

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frida Busse.

(Address) 725 Pennington Ave.

15 Filed FEB 24 1916, 191 — ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 24th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1916, to Feb 24th 1916, that I saw him alive on Feb 23rd, 1916, and that death occurred, on the date stated above, at 1.35 a. m.

The CAUSE OF DEATH* was as follows:

Acute Polar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Chatland M. D.

Feb 24th, 1916 (Address) 40 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lincoln Indiana	Feb 25, 1916
20 UNDERTAKER	ADDRESS
Geo J Smith	110 W Fayette

Spec.—8-24-14—M. & T.—2000 Eks.

Joseph Herzog.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92589 C92589

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Herzog

(Residence in Baltimore: No. 108 Clay St St.; 20 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. January 1st 1838 (Month) (Day) (Year)

7-AGE. 78 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wood Turner
(b) General nature of industry, business, or establishment in which employed (or employer). Carver.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Herzog

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Catherine Wenzel

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. C. Lynn

(Address) 30 E. Hamilton Ave

15- FEB 24 1916 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1916, to Feb 24 1916, that I saw him alive on Feb 23 1916, and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Enlarged Prostate (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. Cystitis (Duration) 2y yrs. mos. ds.

(Signed) Emanuel M. Riegn M. D.

Feb 24, 1916 (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 2 ds. In the State ....yrs. ....mos. ds.

Where was disease contracted, if not at place of death? Convent Little Sisters of Poor

Former or usual residence 108 Clay St.

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Feb 26 1916

20-UNDERTAKER John Howard Son ADDRESS 907 Hollins St.

N 475

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 823 Edmondson avenue, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine M. Staub,

(Residence in Baltimore: No. 823 Edmondson avenue,

St., 13 years, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, November (Month) 25th (Day), 1822. (Year)

7-AGE, 93 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Anthony Codori,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Magdaline Scheidt,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Steinmetz, grandson,

(Address) 626 Euclid avenue,

15- FEB 24 1916 Filed ....., 191.

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23d. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Dempsey M. D.
(Coroner.)

Feb. 24th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pennsville Pa	Feb [illegible] 1916
20-UNDERTAKER H. C Brauning Sons	ADDRESS 517 W Baltimore St

Spec.—5-19-13—M. & T.—500 Blks.

C92591

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92591

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Light St ST.; 23 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Hartmann

(Residence in Baltimore: No. 1128 Light St St.; 50 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widower

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1833 (Year)

7-AGE, 82 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker & Selly

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Burrand

(Address) 1128 Light St

15- Filed FEB 24 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Feb 21 1916, that I saw h wife alive on Feb 21 1916, and that death occurred, on the date stated above, at 6:15 m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac asthenia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 4 mos. ds.

(Signed) S P Burdan M. D.

2/24, 1916 (Address) 302 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	Feb 25 191 6
20-UNDERTAKER	ADDRESS
H. F. M. S. Flynn	1432 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92592 C92592

CERTIFICATE OF DEATH

92

Registered No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1275 William St St.: 24 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A F Kemper

(Residence in Baltimore: No. 1275 William St.: Life yrs. ..... mos ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 8 (Day), 1915 (Year)

7-AGE: ..... yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto, Md.

PARENTS

10-NAME OF FATHER: August Kemper

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Katherine McNeal

13-BIRTHPLACE OF MOTHER (State or country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Kemper

(Address) 1275 William St.

15- Filed FEB 24 1916 191_ ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20, 1916, to Feb 23 1916, that I saw him alive on Feb 23, 1916 and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia "Double"

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B Kolb M. D.

Feb 23, 1916 (Address) 1203 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery D.C. | DATE OF BURIAL: Feb. 25, 1916

20-UNDERTAKER: W. F. & W. E. Flynn | ADDRESS: 1422 Light St.

Spec. 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92593 C92593

CERTIFICATE OF DEATH.

42

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 E Madison ST.; 7 WARD)

2-FULL NAME Elizabeth Wilkinson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1629 E Madison St.; 21 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	widow

6-DATE OF BIRTH, ... January ....., 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robert Fairfax

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susan Fairfax

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Ross

(Address) 1629 E. Madison St.

15- FEB 24 1916 Filed....., 191... ROBERT . KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1915, to Feb 23 1916, that I saw h.. alive on Feb 23 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Stomach Carcinoma
Secondary Carcinoma Uteri
Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure
Old Age (Duration) ..... yrs. Di' 45 m. ..... ds.

(Signed) E. Edward Tschudy M. D.

Feb 24, 1916. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Washington, D.C.	Feb 27, 191..
20-UNDERTAKER	ADDRESS
Milton Davis	1608 McCulloh St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

[54] 08504 08504

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 16 WARD)
(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Arthur F. Willis

(Residence in Baltimore: No. 929 N. Stricker St.

~~25~~ yrs. ~~—~~ mos. ~~—~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (*Write* the word.)

6-DATE OF BIRTH, August 13, 1876.
(Month) (Day) (Year)

7-AGE, 39 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman -
(b) General nature of industry, business, or establishment in which employed (or employer): Traveling Co

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Edgar M. Willis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sadie E. Ward

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Willis

(Address) 3040 W. North Ave.

15. Filed FEB 25 1916, 191.. HARRY O. ANDREWS, REGISTRAR OF VITAL STATISTICS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said ~~(Inquest, autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide - Revolver wound head.

(Duration) 1/2 hour. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hlo. H. Chamberlain M. D.
(Coroner.)
Feb. 24, 1916 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 1/2 hour In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Langhorne Hotel

Former or usual residence 929 N. Stricker St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Feby. 25, 1916

20-UNDERTAKER, E. M. Mate Lee & Co. ADDRESS 211 E. Fayette

N.B.—Every item of information should be carefully supplied. ... ed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Filed ....., 191.. Burial Permit ..... Registrar.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 2211 Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92595 C92595

CERTIFICATE OF DEATH.

174 REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William L Watts

(Residence in Baltimore: No. 112 Mercy Hospital St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.): Married

6-DATE OF BIRTH: January (Month) 12 (Day), 1886 (Year)

7-AGE: 30 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer 259

(b) General nature of industry, business, or establishment in which employed (or employer): Boiler Engineer & Machine Co.

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Edward M. Watts

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Sarah E. Keith

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Freda Watts

(Address) 1028 Falls Rd.

15-

Filed FEB 25 1916, 191.. Burial Permit 0197 HARRY O. ARCHER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: accident - Struck in abdomen by heavy chain - Ruptured intestine,

(Duration) ....yrs. ....mos. 19 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harold Chambers (Coroner) M. D.

Feb. 24, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 30 yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1028 Falls Rd Balto Co

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden

DATE OF BURIAL, Feb. 26, 1916

20-UNDERTAKER Horace Burgee & Son

ADDRESS 363 Falls Rd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C92596

CERTIFICATE OF DEATH.

C92596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Monteford ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Blaustein

(Residence in Baltimore: No. 26 N Montford ave St.; 28 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) ....., 1879 (Year)

7-AGE,	If LESS than 1 day,
37 yrs. ~ mos. ~ ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Blaustein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Dora Kahn

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jews

(Address) 1419 E Balto St

15-

Filed FEB 25 1916, 191. MARY O. ARCHARD, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 14 1916, to Feby 24 1916, that I saw him alive on Feby 24 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Hollander M. D.

Feby 24, 1916 (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Belair Rd	2/26, 191.6
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C92597

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92597

CERTIFICATE OF DEATH.

97

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 904 N.Ve Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Herkenhein Sr

(Residence in Baltimore: No. 904 N.Ve Bond St.; 71 yrs. 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1844 (Year)

7-AGE, 71 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailoring
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry Herkenheim

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Selmi Table

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H. Herkenheim Jr

(Address) 904 N.Ve Bond

15- FILED FEB 25 1916 HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1913, to Feby 23d 1916, that I saw h[im] alive on Feby 23d 1916, and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

(Signed) Edw. M. Longwood M. D.

Feb 24, 1916 (Address) 5 W. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feb 26, 1916

20-UNDERTAKER William Coots

ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92598 C92598

CERTIFICATE OF DEATH.

60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Koch

(Residence in Baltimore: No. 2325 Hanover St St.; 34 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, April 23, 1881.
(Month) (Day) (Year)

7-AGE, 34 yrs. 10 mos. 11 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 23
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Koch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Demme

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Relative Mr. Koch

(Address) 2007 Hanover st

15-

Filed FEB 25 1916, 191.. HARRY O. ANDERSON, Serial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febr 23 1916, to Feb 24 1916, that I saw h.. alive on Feb 24 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Abscess

..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. P. Doss (M. D.), M. D.

2-24, 191.6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 2325 Hanover st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	2-26, 191.6
20-UNDERTAKER	ADDRESS
J. Frew McCully	992 Fad

C92599

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92599

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Nancy Hospital St. 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith M. Mason

(Residence in Baltimore: No. 2746 Edmondson Ave. St.; yrs. 24 mos. 11 ds. 21)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, March (Month) 2 (Day), 1891 (Year)

7-AGE, 24 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Manicurist.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 800

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Robert H. Allan

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Fannie Dix

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Allan

(Address) 658 W. Bare St.

15- Filed FEB 25 1916 191.. HARRY O ANDREWS, Serial Permit Clerk & Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide - Revolver wound head.

1/2 hour (Duration) ...yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs.....mos.....ds.

(Signed) Hoz Hollamon M. D. (Coroner.)

Feb. 24 191.6 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs....mos.....ds. In the State 24 yrs. ....mos.....ds.

Where was disease contracted, if not at place of death? Gaudens Hotel

Former or usual residence 2746 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Com.	2/26, 1916
20-UNDERTAKER	ADDRESS
J. Fenwick Mc Cully	396 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92600

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92600

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 S Bond St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William King

(Residence in Baltimore: No. 836 S. Bond St.; 50 yrs., 11 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 23, 1865 (Month) (Day) (Year)

7-AGE, 50 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Box Maker,
(b) General nature of industry, business, or establishment in which employed (or employer) Factory 345

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George King

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena King

(Address) 836 S. Bond St.

15- FEB 25 1916 Filed ..... 191.. HARRY O ANDREWS, Asst Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1916, to Feb 23 1916, that I saw h— alive on Feb 22 1916, and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia —

(Intermediate)

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Ca Stomach

(Duration) ....yrs. .... mos. 7 ds.

(Signed) Dr. A. V. Brown M. D.

Feb 27, 1916. (Address) 1726 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetary — DATE OF BURIAL, Feb 26, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2038 Jefferson

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2600 Bks.

C92601

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92601

CERTIFICATE OF DEATH.

132

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Paul's Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Robinson

(Residence in Baltimore: No. 1222 Madison ave ST.; 25 yrs., ... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
F	white	married

6-DATE OF BIRTH, February 10th, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. 15 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Redding

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Kavanaugh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Redding

(Address) 964 N. Howard St

15- FEB 25 1916 Filed....., 191.....

HARRY O. ANDREWS
Registrar of Vital Statistics

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Feb 24 1916, that I saw h.. alive on Feb 24 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) [illegible] M. D.

Feb 24, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1222 Madison ave.

Former or usual residence 1222 Madison ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Feb. 26., 1916.
20-UNDERTAKER	ADDRESS
Peter J Cowan Son	901 Hollins St.

C92602

HEALTH DEPARTMENT--CITY OF BALTIMORE

92 C92602

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 148 Wilson ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Medinger

(Residence in Baltimore: No. 148 Wilson St St.: Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 25 (Month) (Day), 1857 (Year)

7 AGE: 58 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: John Banner

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G A Medinger

(Address) 148 Wilson St

FEB 25 1916 Filed ... 19T

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby (Month) 23 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 , 1916, to, Feby 23 1916, that I saw h er alive on Feby 23 , 1916 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic arthritis, right tarsal joint 2 weeks - followed by - Pleuro-pneumonia right side

(Duration) ... yrs. 3 weeks 2 ds

Contributory (SECONDARY) Sudden pulmonary Edema and Heart failure (Duration) ... yrs. ... mos. 4 hrs

(Signed), Robert H Mitchell M. D.

Feby 24, 1916. (Address) 1016 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemy

DATE OF BURIAL: Feb 26, 1916

20 UNDERTAKER: Talbert & Fuller

ADDRESS: W N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

C92603

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92603

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Robinson ST.; 1 WARD) REGISTERED NO. C

2-FULL NAME Rebecca Lancer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 222 S. Robinson St.; ... yrs., 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan (Month) 12th (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm H. Lancer

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary J. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Lancer

(Address) 222 S. Robinson st

15- FEB 25 1916 Filed ..... 191... HARRY G. ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 22 1916, to Feb 24 1916, that I saw h[er] alive on Feb 23 191, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition .....

..... (Duration) ... yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ... yrs. ... mos. 1 hr

(Signed) Chas B. Fenton M. D.

Feb 24/1916 (Address) 823 Gay Brooklyn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Feb. 25, 1916
20-UNDERTAKER	ADDRESS
Geo. M. Finn	811 N Wolfe

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92604 C92604

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Eastern Ave ST.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kasimir Sobieski

(Residence in Baltimore: No. 1637 Eastern Ave St.: ..... yrs., 9 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 23 (Day) 1915 (Year)

7-AGE, ... yrs. 9 mos. 30 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Sobieski

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland

12-MAIDEN NAME OF MOTHER Helen Brzozowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Sobieski

(Address) 1637 Eastern

15- Filed FEB 25 1916, 191.... HARRY O ARGERS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 24 1916, that I saw h[illegible] alive on Feb 24 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wolenberg M. D.

Feb 24, 1916 (Address) 6 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Feb 28, 1916

UNDERTAKER William Siewski ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92605 64 C92605

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 E Federal St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne E Callanan

(Residence in Baltimore: No. 1413 E Federal St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 23, 1844.
(Month) (Day) (Year)

7-AGE 71 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Mooney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hanna Timons

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Callanan

(Address) 1413 E Federal St

15- Filed FEB 25 1916, HARRY O. ARCHUS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 23rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915, to February 23rd 1916, that I saw h[illegible] alive on February 22nd 1916, and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(Duration) yrs. mos. 2 ds.

(Signed) P E Lilly M. D.

February 24 1916 (Address) 917 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Feb. 26, 1916.

20-UNDERTAKER John A Moran — ADDRESS Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

C92606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Sarah Ann St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Marshall

(Residence in Baltimore: No. 604 Sarah Ann St.; 3 yrs., — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 17th (Day), 1913 (Year)

7-AGE, 3 yrs. X mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Theo Marshall

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER Virginia Brown

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L Lee Marshall

(Address) 604 Sarah ann

15-

Filed FEB 25 1916, 191... HARRY O ANDREWS, CITY REGISTRAR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 23 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1913, to Feb 23 1916, that I saw h alive on Feb 23 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows: Acute Pancreatitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

(Signed) T J Brown M. D.

Feb 24, 1916. (Address) 607 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Feb 25, 1916

20-UNDERTAKER Chas H Holland — ADDRESS 517 Robert St.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9:2607

C9:2607

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Madison Av ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Louisa Volkmar

(Residence in Baltimore: No. 2521 Madison Ave St.: 63 yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 10 (Day), 1853 (Year)

7-AGE, 63 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo D. Volkmar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa R. Summerlott

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C A Volkmar

(Address) 2521 Madison Ave

15- FEB 25 1916 Filed ....., 191... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 23 1916, that I saw h alive on Feb 23 1916, and that death occurred, on the date stated above, at 4.25 a m.

The CAUSE OF DEATH* was as follows:

Carcin Hepatis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Dan'l F. Sullivan M. D.

Feb 25, 1916. (Address) 929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Feby 25, 1916

20-UNDERTAKER Stewart & Bowen Company — ADDRESS 1018 North Ave

Spec.—5-19-13—M. & T.—500 Bks.

FEB 25 1916

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92608

CERTIFICATE OF DEATH.

28

FEB 25 1916

C92608

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. East Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Klein

(Residence in Baltimore: No. 916 S. East Ave St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 29 (Day), 1873 (Year)

7-AGE, 42 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Horse Shoer

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. John G. Klein

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Mary Dean

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Butcher

(Address) 916 S. East Ave

15 FEB 25 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 24 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from ~~Feb.~~ 22 1916 to Feb. 22 1916, that I saw ~~him~~ her alive on ~~Feb.~~ 22 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Da Grippe,

(Duration) 10 D yrs. mos. ds.

(Signed) W. C. McClanahan M. D.

....., 191... (Address) 619 S. Clinton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel Cemetery	Feb. 26, 1916.
20-UNDERTAKER Zickler & Zickler	ADDRESS 1739 E. EAGER ST.

Spec.—8-24-14—M. & T.—2000 Bks.

C92609 HEALTH DEPARTMENT—CITY OF BALTIMORE C92609

CERTIFICATE OF DEATH. 115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Nicol

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Oct (Month) 10th (Day), 1875 (Year)

7-AGE, 40 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Tunney

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Ella Platter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address).....

FEB 25 1916 Filed....., 191.... HARRY O. ARLEAVS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Feb 24 1916, that I saw h alive on Feb 24 1916, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Secondary Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

12 hrs

CONTRIBUTORY (Secondary) Carcinoma of Stomach

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) G. E. Ross M. D.

2-24...., 1916. (Address) Manchester, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State 40 yrs. 4 mos. 14 ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Lonaconing Md.

19-PLACE OF BURIAL OR REMOVAL, Lonaconing Allegany Co. Md. DATE OF BURIAL, Feb 25 1916.

20-UNDERTAKER H. Sander Son ADDRESS 1720 East N.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 8 WARD)

REGISTERED No. C 120 C92610

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R Walton

(Residence in Baltimore: No. 1715 N Washington St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 19 (Day) 1851 (Year)

7-AGE, 64 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, J. R Gittings

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R. Walton

(Address) 1715 N. Washington St.

15 FEB 26 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Feb 24 1916, that I saw her alive on Feb 23 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: De Par. Nephritis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. 21 ds.

(Signed) Ernest McGRegor M. D.

Feb 24, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State 64 yrs. 8 mos. 5 ds.

Where was disease contracted, if not at place of death? 1715 N Washington St

Former or usual residence 1715 N Washington St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Feb 26, 1916

20-UNDERTAKER (over) E A Wiedefeld Jr | ADDRESS Greenmount Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92611

CERTIFICATE OF DEATH.

28 C92611

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Gough St. ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard L. Hinkleman

(Residence in Baltimore: No. 1823 Gough St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July (Month) 23 (Day), 1892 (Year)

7-AGE, 23 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Assistant

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George Hinkleman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Nathaina G. McDade

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathaina G. Hinkleman

(Address) 1823 Gough St.

15-

Filed FEB 26 1916, 191.... ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febuary 14th 1916, to Febuary 23d 1916, that I saw him alive on Febuary 23d 10 A.M. 1916, and that death occurred, on the date stated above, at 5.20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Meninges

(Duration) yrs. mos. 3 ds.

(Signed) Ernest Zueblin M. D.

Feb. 24th, 1916 (Address) 3222 Harlem Avenue

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Feb. 28th, 1916

20-UNDERTAKER Tilly & Zeiler ADDRESS 403 S. Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92612

CERTIFICATE OF DEATH.

92 C92612

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Henry ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Dinneth

(Residence in Baltimore: No. 907 N. Henry St. St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 25, 1885
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 8 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Westmeath, Ireland

PARENTS.

10-NAME OF FATHER, John J. Dinneth

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Maggie Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Dinneth

(Address) 907 N. Henry St.

15- FEB 26 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to Feb 24 1916, that I saw h[illegible] alive on Feb 24 1916, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Tabes Pneumonia

(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) acute Nephritis

(Duration)..... yrs. ..... mos. 7 ds.

(Signed) Estelle T. Myers M. D.

Feb 26, 191... (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Feb. 27..., 1916.

20-UNDERTAKER John Howard & Son

ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

Teresa Chester.

C92613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C92613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Dorchester Court ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Chester

(Residence in Baltimore: No. 1934 Mt Royal Ave St.; ....yrs.. ....mos. ....ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, ...September...., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. .... mos. .... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook (Private)
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid Occupation

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Sam Chester

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wheatley

(Address) 1934 Mt Royal ave

15- Filed FEB 26 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Feb.... (Month) ....25.... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Feb 25 1916, that I saw her alive on Feb 24 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

.....Ch. Myocarditis.....

.....

.....

..... (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Ch. Nephritis

..... (Duration) ....yrs. 5 mos. ....ds.

(Signed) Ernest W. G. Rieg M. D.

Feb ....., 191... (Address) 1 W Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. 5 mos. ....ds. In the State 70 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 1934 Mt Royal Terrace

Former or usual residence 1934 Mt Royal Terrace

19-PLACE OF BURIAL OR REMOVAL, New Cohate due County

DATE OF BURIAL, Feb 26 191 6

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92614 C92614

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 416 W. 26th St.; W Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Joseph Weitzell

(Residence in Baltimore: No. 416 W. 26th St.; yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) 9th (Day), 1915 (Year)

7 AGE: ..... yrs. 4 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md Balto

PARENTS

10 NAME OF FATHER: Fred M. Weitzell

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Alice Ash.

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo M Boyle

(Address) 2435 Md. Ave.

15 Filed FEB 26 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1916, to Feb 24th 1916, that I saw him alive on February 23, 1916, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo M Boyle M. D.

Feb 24, 1916 (Address) 2435 Md. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Mary's Hampden

DATE OF BURIAL: Feb 26, 1916

20 UNDERTAKER: Chesnutt & Son

ADDRESS: Chestnut St

Spec.—5-19-13—M. & T.—500 Bks.

C92615

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92615

CERTIFICATE OF DEATH.

105

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Hillen ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Raynus Clayton

(Residence in Baltimore: No. 1025 Hillen St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug. 22 (Month) (Day), 1837 (Year)

7-AGE, 37 yrs. 6 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upholsterer & Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Employed by

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Joseph B. Clayton

11-BIRTHPLACE OF FATHER (State or Country), Delaware Co. Penn

12-MAIDEN NAME OF MOTHER Emma C. Bell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma C. Bell

(Address) 1025 Hillen St

15- FEB 26 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 30th 1916, to Feb 25th 1916, that I saw him alive on Feb 23d 1916, and that death occurred, on the date stated above, at 9 38 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) 6 yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) Days yrs. Gradual mos. ds.

(Signed) C. A. Wiley M. D.

Feb 25th 1916 (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb 27, 1916

20-UNDERTAKER John B. Spence ADDRESS 325½ Caroline

Spec.—8-24-14—M. & T.—2000 Blks.

Minnie Wedi

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92616

CERTIFICATE OF DEATH.

x 115 C92616

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Minnie Wedi

(Residence in Baltimore: No. St Josephs Hospital St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 7 (Day), 1846 (Year)

7-AGE, 69 yrs. 10 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Father

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ackerman Knox

13-BIRTHPLACE OF MOTHER (State or Country), Bart Krom

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Buffett

(Address) Hyattsville Md

15- Filed FEB 26 1916, 191.... ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to Feb 23 1916, that I saw her alive on Feb 22 1916, and that death occurred, on the date stated above, at 9.00 p. m.

The CAUSE OF DEATH* was as follows.

Chronic Cystitis caused
Emphysema of Gall Bladder
(Duration) ... yrs. 2 mos. ... ds.
CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(Duration) ... yrs. 2 mos. 2 ds.

(Signed) ... G. Bell ... M. D.
Feb 23, 1916 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State 69 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Woodlawn Md

Former or usual residence Woodlawn Md

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Balto Co | DATE OF BURIAL, Feb 26, 1916

UNDERTAKER H B Marshall | ADDRESS 2537 Fait Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Myrtle Decator

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92617 C92617

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Decator

(Residence in Baltimore: No. 1057 Raborg St. St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 23, 1913.
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Norman Decator

11-BIRTHPLACE OF FATHER (State or Country), Md Balto

12-MAIDEN NAME OF MOTHER Mary E Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md. Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman Decator

(Address) 1057 Raborg St.

15- FEB 26 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/23 1916, to 2/25 1916, that I saw h[illegible] alive on 2/25 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

.....

Tuberculous Meningitis

..... (Duration) ..... yrs. unknown ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry McAllen M. D.

2/25, 191.6. (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1057 Raborg St.

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Feb 26, 191.6

20-UNDERTAKER Jno J Corano Son ADDRESS 20 Hollins W.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92618

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92618

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1125 Clarkson St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Young

(Residence in Baltimore: No. 1125 Clarkson St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Unknown (Month) ..... , 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Brown

(Address) 108 W. Montgomery

15- Filed FEB 26 1916, 191.. MARY O ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) ..... 24 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry found that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Edw Gruenthal (Coroner.) M. D.

Feb 25 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cet	Feb 26 1916
20-UNDERTAKER	**ADDRESS**
J. L. Brown & Son	108 W Monty St

Spec.—8-24-14—M. & T.—2000 Blks.

C92619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 C92619

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST.; 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Brown

(Residence in Baltimore: No. 827 Elmira St. St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept 26, 1852 (Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer - 50 yrs
(b) General nature of industry, business, or establishment in which employed (or employer)..... Seaman

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth King

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Brown

(Address) 827 Elmira St

15- FEB 26 1916 HARRY O. ANDREWS,

Filed....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4, 1916, to Feb 24, 1916, that I saw h[illegible] alive on Feb 24, 1916, and that death occurred, on the date stated above, at 7:10 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

following Ulcerating Infiltration

(Duration) ... yrs. ... mos. 27 ds.

CONTRIBUTORY (Secondary) Not to prevent irritation

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. K. Noales M. D.

Feb 24, 1916. (Address) Md. Genl Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 20 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 827 Elmira St.

19-PLACE OF BURIAL OR REMOVAL, National Ct. DATE OF BURIAL, Feb 28, 1916.

20-UNDERTAKER C. K. Bishop's Son ADDRESS 1011 W. Mulberry St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92620

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

(City of Baltimore (No. 524 Gold street, St.: 14 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Lewis,

(Residence in Baltimore: No. 524 Gold street,

St.: Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, September (Month) 1st (Day), 1914, (Year)

7-AGE, 1 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Lewis,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Carrie Gurry,

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Gurry., grandmother,

(Address) 524 Gold street.

15- Filed FEB 26 1916 HARRY O ANDREWS, By Sarah Gurry Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY, (Secondary) Rachitis et Pertussis,

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frederick Kempel M. D.
(Coroner.)

Feb. 25th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
at Auburn Cemtery	Feb. 26, 1916
20-UNDERTAKER	ADDRESS
John H Goodwin	142 Ubice St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92621 C92621

CERTIFICATE OF DEATH.

154

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 312 E. 25th ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha E. Michel

(Residence in Baltimore: No. 312 E. 25th St.; 65 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, February (Month) 9 (Day), 1825 (Year)

7-AGE, 91 yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Whisler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna V. Voght

(Address) 312 E. 25th St.

15- Filed FEB 26 1916, 191... HARRY O. ARLETT, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Summer 19 Jan, 191..., that I saw her alive on 22d Feb 1916, and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(Duration) Several years ds.

CONTRIBUTORY (Secondary) Worry & Exhaustion

(Duration) ... yrs. 4 mos. ... ds.

(Signed) Howard G. Silver M. D.

Feb. 27, 1916. (Address) 1914 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Feb. 26, 1916

20-UNDERTAKER H. Sander & Sons

ADDRESS 210 Talbot St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92622

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92622

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Hamilton

(Residence in Baltimore: No. 915 S. Curley St.: — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Aug. (Month) 22 (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Charles F Hamilton

11-BIRTHPLACE OF FATHER (State or Country) Balto City Md

12-MAIDEN NAME OF MOTHER Leana Frey

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Hamilton

(Address) 915 S Curley St

15-

Filed FEB 26 1916, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 191 6, to Feb 24 191 6, that I saw h[illegible] alive on Feb 24 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

Feb 25, 1916. (Address) 3035 Donnell Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pt. Evangelical — DATE OF BURIAL, Feb 26, 191..

20-UNDERTAKER H Sander & Sons — ADDRESS 170 Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

C92623

HEALTH DEPARTMENT—CITY OF BALTIMORE

1

CERTIFICATE OF DEATH.

C92623

1-PLACE OF DEATH Hahnemann Gen. Hospital

CITY OF BALTIMORE: (No. 1100 N. Mount ST.; 15 WARD) REGISTERED NO. C.

2-FULL NAME Louis H. Spriggs

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1816 Laurens St.; 20 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1894 (Year)

7-AGE,	If LESS than 1 day,
21 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): in private family

9-BIRTHPLACE, (State or Country): Sykesville, Carroll Co. Md

PARENTS.

10-NAME OF FATHER: Lewis Spriggs

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Roberson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geneva Spriggs

(Address) 311 Barclay St.

15- Filed FEB 26 1916, 19.. HARRY O. MILKENS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17th 191 6, to Feb 25th 191 6, that I saw h.im alive on Feb 16th 191 6, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Femoral Infection

..... (Duration) Unknown yrs. mos. ds.

(Signed) Dr. Jno. A. Crane by per ..... M. D.

Feb 26th, 191 6. (Address) 1911 Connecticut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1816 Laurens St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	2/26 ....., 191 6
20-UNDERTAKER Samuel F. Kennedy	ADDRESS 5718 Belair

Spec.—8-24-14—M. & T.—2000 Blks.

C92624 C92624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Lewis

(Residence in Baltimore: No. 1141 Leadenhall St. St.; 6 yrs., 4 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ... Oct 7 ....., 1909
(Month) (Day) (Year)

7-AGE, ... 6 yrs. 4 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School-boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Henry Lewis

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Delia Oconor

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Henry Lewis .....

(Address) ..... 1141 Leadenhall St. .....

15-

Filed FEB 26 1916, 191 MARK O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 25 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21 1916, to Feb. 25 1916, that I saw him alive on Feb. 25 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Spinal Meningitis

Probably Tubercular

(Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Oscar C. Wenkart M. D.

Feb. 26, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 6 yrs. 4 mos. 7 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1141 Leadenhall St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Feb. 26, 1916.

20-UNDERTAKER P. F. & M. E. Flynn — ADDRESS 423 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92625 C92625

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 703 Dolphin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud E. Krause

(Residence in Baltimore: No. 703 Dolphin St.; 23 yrs., 9 mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, May 15 (Month), 1892 (Day), (Year)

7-AGE, 23 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Andrew Shaffer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Evans

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis E Krause

(Address) 703 Dolphin St

15-

Filed FEB 26 1916, 191.....

REGISTRAR OF RECORDS

Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to Feb 25 1916, that I saw her alive on Feb 24 1916, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Disease

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 1 hour ds.

(Signed) Thos. H. Buchanan M. D.

Feb. 25, 1916 (Address) 1100 E. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 27 191.6

20-UNDERTAKER Mrs A. Rohde & Son

ADDRESS 730 Fallsway

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92626 C92626

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Maryland Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. D. Heald

(Residence in Baltimore: No. 2301 Maryland Ave St.; life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 15th (Month) (Day), 1850 (Year)

7-AGE, 65 yrs. 8 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, John H. Heald

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Sidney Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth A. Heald

(Address) 2301 Maryland Ave

15-

Filed FEB 26 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to July 25, 1916, that I saw h~~im~~ alive on July 25th, 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

..... (Duration) 6 yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly M. D.

7/26..., 1916. (Address) E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Febr. 27, 1916.

20-UNDERTAKER, E. M. Mitchell & Co. — ADDRESS 20 W. Fayette

Spec.—3-24-14—M. & T.—2000 Blks.

C92627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C92627

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 507 S. Madeira ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Chadzicka

(Residence in Baltimore: No. 507 S. Madeira St.; 27 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, ... unknown ....., 184[illegible]
(Month) (Day) (Year)

7-AGE, ... 69 ..... yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Martin Wrobleuski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kabulek

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Ludowski

(Address) 705 S. Ann St.

15- Filed FEB 26 1916, 191. MARY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb. ..... 25 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1916, to Feb. 25 1916, that I saw h[illegible] alive on Feb. 24 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Dilated heart .....

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. J. McAvoy ..... M. D.

Feb. 26 191. 6 (Address) 539 S. Edwards

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus,	Feb 28, 191. 6
20-UNDERTAKER M F Sadowski.	ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92628 C92628

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wallace

(Residence in Baltimore: No. 427 N. Bethel St ST.; 4 yrs., ~ mos. ~ ds.)

Bethel St

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, July 25, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ?

9-BIRTHPLACE, (State or Country), N C

PARENTS.

10-NAME OF FATHER, Jacob Wallace

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15- Filed FEB 26 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to Feb 25 1916, that I saw him alive on Feb 25 1916, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ?? yrs. ....mos. ....ds.

(Signed) Walter L. Smith M. D.

Feb 25, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 4 yrs. ....mos. ~ ds.

Where was disease contracted, if not at place of death? 427 N. Bethel St

Former or usual residence 427 N. Bethel St

19-PLACE OF BURIAL OR REMOVAL, Concord N. C. DATE OF BURIAL, 7/26/16 191...

20-UNDERTAKER L. A. Titzpatrick ADDRESS 2433 N. Eutaw Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92629

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C92629

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3014 Barclay ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME, Eleanor Jones

(Residence in Baltimore: No. 3014 Barclay St ST.: ..... yrs. — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 25 (Day), 1916 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 9 hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Ralph M. Jones

11 BIRTHPLACE OF FATHER (State or country): Maine

12 MAIDEN NAME OF MOTHER: Caroline Mitchel

13 BIRTHPLACE OF MOTHER (State or country): Boston Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rud Jones

(Address) 3014 Barclay St

FEB 26 1916 Filed ..... 191.

MARKET O. ..., Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1916, to Feb 25 1916, that I saw h[illegible] alive on Feb 25, 1916, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:

Failure of the foramen & close

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Premature birth.

(Duration) about 8½ yrs. weeks mos. ds.

(Signed), Frances A. Carpenter M. D.

Feb 26, 1916 (Address) 210 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Montclair — DATE OF BURIAL: Feb 26 191[illegible]

20 UNDERTAKER: C. H. McCormick — ADDRESS: 1301 N Regester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92630

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92630

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 W. Barre ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin H. Bowers Sr

(Residence in Baltimore: No. 542 W. Barre St.; Lifetimes yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Nov. (Month) 19 (Day), 1830 (Year)

7-AGE, 85 yrs. 3 mos. 3 ds.

If LESS than 1 day. ....hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 53

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Fredrick Bowers

11-BIRTHPLACE OF FATHER (State or Country). unKnown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) 542 W. Barre St

(Address) W. L. Bowers

15- Filed FEB. 26. 1916. MARY O. ARMS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 22 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Feb. 22 1916, that I saw h. alive on Feb. 22 1916, and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 2 ds.

(Signed) J. M. Thompson M. D.

Feb 23 1916. (Address) 826 E. Durrell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park

DATE OF BURIAL. Feb 27, 1916

20-UNDERTAKER W. J. Tschudy

ADDRESS Monument Ave

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92631 HEALTH DEPARTMENT—CITY OF BALTIMORE C92631

CERTIFICATE OF DEATH. 115

1-PLACE OF DEATH REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1410 Division ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cashman

(Residence in Baltimore: No. 1410 Division St St.: 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Unknown, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Sheehan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget Roache

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Moynihan

(Address) 1410 Division St

15-

Filed FEB 26 1916 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 24, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 1 1916, to Feby 24 1916, that I saw her alive on Feb 24 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows: Jaundice from obstruction of Gall-ducts

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W T S Browne M. D.

Feby 25, 1916. (Address) 510 Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Feb 28, 1916

20-UNDERTAKER W Fahey & Sons — ADDRESS 606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Bks.

C92632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C92632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Smith

(Residence in Baltimore: No. 1705 Latrobe St. St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Unknown ..... (Month) ..... (Day) 1866 (Year)

7-AGE.	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter 866
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Martha Smith.....

(Address)..1705 Latrobe.....

15- FEB 26 1916 NAME & ADDRESS,
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feb ..... 23 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1915, to Feb 23, 1916, that I saw him alive on Feb 23 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis of Larynx .....

.....

.....

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed)..... M. D.

Feb 26, 1916 (Address)..Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. 1 mos. 14 ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1705 Latrobe St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Laurel Cemetery	Feb 26, 1916.
20-UNDERTAKER	**ADDRESS**
James H Dunn	503 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92633

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C92633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Carlton St.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Bell

(Residence in Baltimore: No. 1226 Carlton St.; yrs. 1 mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH: Jan. 24 (Month), 1916 (Day), (Year)

7-AGE: ..... yrs. 1 mos. / ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Robert Bell

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Bet Roberts

13-BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt Bell

(Address) 1226 Carlton St

FEB 26 1916

Filed ....., 191.... HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25, 1916, to, Feb 25 1916, that I saw h[illegible] alive on Feb 25 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

..... (Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) [illegible] M. D.

....., 191.... [Address] .....

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 27, 1916

20-UNDERTAKER: James H Dunn

ADDRESS: 1303 Preston St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Burial Permit Given

Spec.—[illegible]-14—M. & T.—2000 Bks.

C9:2634

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9:2634

89

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Hope ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Berry Trott

(Residence in Baltimore: No. 1701 Hope St.; ....yrs., 1 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 17th 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Stanley Trott

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER Edna Lytle

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Coffin.

(Address) 1701 Hope St.

15-
FEB 26 1916
Filed....., 191. HARRY G. ARLBERG,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 23 1916, to Feb 24 1916, that I saw him alive on February 24 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. Leonard Bode M. D.

Feb. 25, 1916. (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, Feb. 26th, 1916.

20-UNDERTAKER Geo. J. Ruth

ADDRESS 1735 Harford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-11—M. & T.—2000 Bks.

C92635

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92635

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 N. Spring ST.; 9 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C. Walter

(Residence in Baltimore: No. 1639 N Spring St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, 28th Nov. (Month), (Day), 1913 (Year)

7-AGE, 2 yrs. 3 mos. 28 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Frederick Walter

11-BIRTHPLACE OF FATHER (State or Country), Balt Md.

12-MAIDEN NAME OF MOTHER Doretha Hooke

13-BIRTHPLACE OF MOTHER (State or Country), Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Walter

(Address) 1639 N. Spring St.

15- FEB 26 1916 Filed....., 191. MARY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month), 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 25 1916, that I saw her alive on Feb 25 1916, and that death occurred, on the date stated above, at 8 30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Solon D. Fenby M. D.

2/26., 191.6 (Address) 1223 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glen J. Ruth | DATE OF BURIAL, Feb. 28th, 1916.

20-UNDERTAKER, Loudon Park Cem. | ADDRESS 1735 Hayford

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

092636 79 092636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N. Paul ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin John Pinchard

(Residence in Baltimore: No. 1707 N. Paul St.; 20?1 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, ... Jan (Month) 23 (Day), 1854 (Year)

7-AGE, 62 yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chairman 97
(b) General nature of industry, business, or establishment in which employed (or employer). B. & O. R. Rd

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edwin Pinchard

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Elizabeth Keine

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Snyder

(Address) Port Deposit Md

15-

Filed. FEB 26 1916 191... MARK O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Feb 26 1916, that I saw h.im alive on Feb 26 1916, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular disease of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Pole M. D.

Feb 26, 1916. (Address) 2038 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forest Sta. Cecil Co. Md DATE OF BURIAL, Feby. 26, 1916.

20-UNDERTAKER Henry W. Jenkins Sons Co ADDRESS Mt. Pleasant Orchard

Spec.—8-24-14—M. & T.—2000 Blks.

C92637

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92637

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 359 Fonthill ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Boren

(Residence in Baltimore: No. 359 Fonthill ave St.; Lifetime yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 16 (Month), (Day), 1855 (Year)

7-AGE, 61 yrs. 9 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Smoker 5¢
(b) General nature of industry, business, or establishment in which employed (or employer): Gas City

9-BIRTHPLACE, (State or Country). Md (City)

PARENTS.

10-NAME OF FATHER, Thomas Boren

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane R. Hurley

13-BIRTHPLACE OF MOTHER (State or Country), Georgetown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Boren

(Address) 359 Fonthill ave

15- FEB 26 1916 Filed....., 191... MARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1916, to Feb. 25 1916, that I saw him alive on Feb. 25 1916, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 2 mos. ds.

(Signed) Asa P. Wessels, M. D.

Feb. 26, 191.6 (Address) 2565 Frederick Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 28, 1916.

20-UNDERTAKER Wm Cook ADDRESS 836 Walbrook ave

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92638

CERTIFICATE OF DEATH.

29 REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1910 Elem Street ST.; 13 WARD)

2-FULL NAME John Campaigne

(Residence in Baltimore: No. 1910 Elem St.; 40 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, DEC. (Month) 20 (Day), 1843 (Year)

7-AGE 73 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Campaigne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary C. Smith
(Address) 1910 Elem Street

15-Filed FEB 26 1916 MANET O ANDREWS, Registrar.
Burial Permit 9101

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23, 1916, to July 25th 1916, that I saw him alive on July 23rd 1916, and that death occurred, on the date stated above, at 11.30 Am.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Arterio Sclerosis

Fatal (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 2 yrs. mos. 7 ds.

(Signed) D. W. Reese M. D.

Feb 25, 1916 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Forums — DATE OF BURIAL, Feb 28, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 C92639

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Garrett Hospital for Children 27 North Carey St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irving Singer

(Residence in Baltimore: No. 1812 Dover St. St.; 4 yrs., ... mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 28, 1912. (Month) (Day) (Year)

7-AGE: 4 yrs. — mos. 27 ds.

If LESS than 1 day, X hrs. or X min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Howard Singer

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Singer

(Address) 1412 Rockeby St

15-FEB 26 1916 BOARD OF HEALTH,

Filed ....., 19... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 14, 1916, to February 24, 1916, that I saw him alive on February 23 1916, and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Empyema

Otitis media, acute purulent, bilateral

(Duration) 0 yrs. 0 mos. 21 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Noem Toomey M. D.

....., 191... (Address) 27 North Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 10 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1812 Dover St.

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Feb. 26 1916

20-UNDERTAKER: Jas. J. Haley & Sons | ADDRESS: 1318 Riggs

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

James Cummins

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92640 C92640

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Monroe ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Cummins

(Residence in Baltimore: No. 1217 Monroe St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, April 10, (Month) (Day) 1876 (Year)

7-AGE, 39 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Friend 25 yrs

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harrison Cummins

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge Dorchester

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Cummins

(Address) 1217 Madison St

15-

Filed FEB 26 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1916, to Feb 25 1916, that I saw h alive on Feb 25 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Coma

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Winey M. D.

Feb 26, 1916. (Address) 1732 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Evergreen Asbury Cemy. DATE OF BURIAL, Feb 28, 1916.

20-UNDERTAKER Mc Ginnis and Carroll ADDRESS 608 N Potomac St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hosp. 30

CITY OF BALTIMORE: (No. U. S. Marine Hosp. ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Brown

(Residence in Baltimore: No. U. S. Marine Hosp. St.; ..... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seaman
(b) General nature of industry, business, or establishment in which employed (or employer), U.S.

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address) .....

15-

Filed FEB 26 1916, 191.....

HARRY O ARLKANS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8, 1916, to Feb 25, 1916, that I saw him alive on 25 day of Feb 1916, and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

(a) Central Pneumonia Acute

(Probably Tuberculous)

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Carter M. D.

Feb. 26, 1916 (Address) U. S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State ... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? U.S. Marine Hospital

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Feb. 27, 1916

20-UNDERTAKER Channon & Son

ADDRESS Chestnut

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92642 C92642

CERTIFICATE OF DEATH. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N Fremont ave ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Posen.

(Residence in Baltimore: No. 400 N. Fremont Ave. St.; 21 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 77 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hirshey Mark

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Nathanson

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Posen .....

(Address) 400 N. Fremont Ave .....

15- FEB 27 1916 Filed....., 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1 1916, to Feby 25 1916, that I saw h[illegible] alive on Feby 25 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration)....yrs....mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(Duration) 10 yrs....mos.....ds.

(Signed) M. deWitenberg M. D.

Feby 26, 1916. (Address) 1504 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 400 N Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Bath Hebrew Cem. DATE OF BURIAL, Feb 27, 191..

20-UNDERTAKER S. Levinson Bro ADDRESS 1107 E Balto St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92643

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C92643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Harry Katz

(Residence in Baltimore: No. 555 Baker St.; — yrs. 5 mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, — yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Isrial Katz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Plut

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isrial Katz

(Address) 555 Baker St

15- Filed FEB 27 1916, 191.... MARK O. ADKINS, Registrar.

Isrial Katz

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19 1916, to February 25 1916, that I saw him alive on February 25 1916, and that death occurred, on the date stated above, at 11 50 p. m.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

..... (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) yrs. mos. ds.

(Signed) I. Manassa Astro M. D.

Feb 25 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Residence

Former or usual residence 555 Baker St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cem. DATE OF BURIAL, Feb 27, 1916

20-UNDERTAKER L. Hilkinson & Bro ADDRESS 1607 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C92644

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92644

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 S. Ann ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora Kantor (Kantor)

(Residence in Baltimore: No. 731 S. Ann. St.; 7 yr. 0 mos. 0 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, June 8, 1899
(Month) (Day) (Year)

7-AGE, 16 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER, Andam. Kantor.

11-BIRTHPLACE OF FATHER (State or Country), Galicia Austria

12-MAIDEN NAME OF MOTHER Leonor Mazurowa

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonora Kantor

(Address) 731 S. Ann St.

15-

Filed FEB 27 1916 191.. [illegible] Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23, 1916
Feb. 23 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 191.., to Feb. 28 191.., that I saw h[illegible] alive on Feb 24 191.., and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) yrs. mos. 7 ds.

(Signed) W. J. Hagner M. D.

Feb 25, 191.. (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Feb. 28, 1916

20-UNDERTAKER William Fiedkowski

ADDRESS 168 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C92645 HEALTH DEPARTMENT—CITY OF BALTIMORE C92645

42

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY of BALTIMORE: (No. 422 So. Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dallie Jackson

(Residence in Baltimore: No. 422 So. Dallas St.: 75 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. A. Jackson

(Address) 422 So Dallas St

15-

Filed FEB 27 1916 191. HARRY G. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 191 5, to Feb 24 1916, that I saw h[illegible] alive on Feb 24 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Ca. Carcinoma Cervix Uteri

Int. Anemia

Subsequent (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage of Uterus

1 Day (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Edward Fisher M. D.

Feb 27, 1916. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Feb 27th, 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St.

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

C92646

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92646

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 E. Balto St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi Bernstein

(Residence in Baltimore: No. 1531 E. Balto St St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, Unknown ....., 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired clothing
(b) General nature of industry, business, or establishment in which employed (or employer)..... merchant 655

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balto St

15-
Filed FEB 27 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Feb 26 1916, that I saw h[illegible] alive on Feb 26 1916, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cause

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Lee Stetler M. D.

2/27, 1916 (Address) 1319 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Belair Road	2/27, 1916
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1419 E Balto St

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92647 C92647

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N Madeira ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Murray.

(Residence in Baltimore: No. 126 N Madeira St.; 22 yrs. 8 mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1893 (Year)

7-AGE, 22 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Gustav Hientsch.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Katherine Bartell

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Murray

(Address) 126 N. Madeira St.

15- Filed FEB 27 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 24 1916, that I saw her alive on Feb 24 1916, and that death occurred, on the date stated above, at 8.12 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) John T. Spickernall M. D.

Feb. 25 1916 (Address) 2112 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Feby 27 191...

20-UNDERTAKER John Herwig & Co

ADDRESS 2008 Orleans

C92648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92648

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Orleans ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Carlyn Winkler

(Residence in Baltimore: No. 2019 Orleans St

St.; 1 yrs., 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR ~~DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, April (Month) 13 (Day), 1914 (Year)

7-AGE, 1 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thos E. Winkler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hannah Engelmann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Winkler

(Address) 2019 Orleans St

15-

Filed FEB 27 1916, 191... HARRY O. ANDREWS, Marital Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 18 1915, to July 25 1916, that I saw h[illegible] alive on July 25 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Thro Cellis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia, acute

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) [illegible] M. D.

2/26, 1916. (Address) 1500 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Feby 28, 1916

20-UNDERTAKER John Herwig & Co — ADDRESS 2008 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92649

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Guilford ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M Stewart

(Residence in Baltimore: No. 2829 Guilford ave

If not in Baltimore, give CITY or TOWN and STATE.) (Age: 58 yrs., 6 mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 6th (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 6 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Professional Politician
(b) General nature of industry, business, or establishment in which employed (or employer): 780

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles F. Stewart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ruth E Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora F Stewart

(Address) 2824 Guilford ave

15-

Filed FEB 27 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 191 6, to Feb 26 191 6, that I saw h.. alive on Feb 26 191 6, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Non Complications Myocarditis

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation & Mitral Stenosis (Duration) yrs. mos. 6 ds.

(Signed) Harry C. Parr M. D.

Feb 26, 191 6 (Address) 3645 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Feby 28th, 191 6
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

Spec.—8-24-14—M. & T.—2000 Blks.

C92650

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92650

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 11 St.; ..... WARD)

2-FULL NAME Mrs. Helen M. Warfield

(Residence in Baltimore: No. 617 St Paul St. St.; Life time Yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, December 16, 1861.
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert Murray

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Adelaide Pinckard

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard D. Murray

(Address) Woodside Balto Md

15- FEB 27 1916 Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25 16, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916 to Feb 25 1916, that I saw her alive on Feb 25 1916, and that death occurred, on the date stated above, at 9 10 m.

The CAUSE OF DEATH* was as follows:
Pneumonia Edema

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis Chr
Interstitial Nephritis (Duration) 4 yrs. ....mos. ....ds.

(Signed) A. E. McClanahan M. D.

2-28, 191... (Address) 1 Wolfe Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 7 mos. ....ds. In the State 54 yrs. 2 mos. 9 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 617 St Paul St

19-PLACE OF BURIAL OR REMOVAL, Warfield Burial Ground Howard Co Md — DATE OF BURIAL, Feb. 28, 1916.

20-UNDERTAKER Chas E Franck — ADDRESS 802 Madison

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92651

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 C92651

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Cedar Averne St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Jones

(Residence in Baltimore: No. 3300 Cedar Avenue St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	married

6-DATE OF BIRTH March (Month) 23 (Day) 1891 (Year)

7-AGE 24 yrs. II mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country) Baltimore, City

PARENTS

10-NAME OF FATHER: Alve S. Carpenter

11-BIRTHPLACE OF FATHER (State or country): Massachusetts

12-MAIDEN NAME OF MOTHER: Mary A. Everet

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Carpenter

(Address) 3300 Cedar Avenue

15- Filed FEB 27 1916, 191.....

HARRY W. ARMS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12, 191[illegible], to Feb 25 191[illegible], that I saw h[illegible] alive on Feb 25 191 6, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) yrs. 1 mos. [illegible] ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), R B Norment M. D.

191..... [Address] 3143 Auburn St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge cemetery — DATE OF BURIAL: Mon. Feb 28 191[illegible]

20-UNDERTAKER: A.S. Marshall — ADDRESS: 3539 Paris Road

Spec.—8-24-15—M. & T.—2000 Bks.

C92652

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92652

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2128 Woodbury Ave ST.; 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas R German

(Residence in Baltimore: No. 2128 Woodbury Ave St.; Fifteen-6 yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr (Month) 29 (Day), 1847 (Year)

7-AGE, 68 yrs. 9 mos. 25 ds. | If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mills

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Willandt German

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Eliza R Bachie

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine German

(Address) 31 E Woodbury Ave

15- Filed FEB 27 1916, 191... Burial Permit Otor

ISAAC G. ARNOLD, JR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 m Feb 24 1916, to Feb 24 1916, that I saw h... alive on Feb 24 1916, and that death occurred, on the date stated above, at 7 20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Edema of Lungs

(Duration) 2 Hours yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Nephritis

(Duration) dont Know yrs. ...mos. ...ds.

(Signed) Herbert M. Foster M. D.

Feb 24, 1916 (Address) 863 W. 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. Is the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 28, 1916

20-UNDERTAKER: H. S. Marshall | ADDRESS: 3501 Falls Rd

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92653 C92653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Zimmerman

(Residence in Baltimore: No. 1716 Belt St. St.; 2 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 28, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER Joseph Zimmerman

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Montabe

13-BIRTHPLACE OF MOTHER (State or Country). Austria Bracenia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brandhuber

(Address) 1716 Belt Street

15- FEB 27 1916 HARRY O. ARLETTS,
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1916, to Feb 27th 1916, that I saw him alive on Feb 27th 1916, and that death occurred, on the date stated above, at 4.01 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Frank E Slingluff M. D.

Feb. 27th, 1916. (Address) Md Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State 2 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1716 Belt St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Brooklyn

DATE OF BURIAL, Feb. 29, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Blks.

C92654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

C92654

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Eutaw ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Krammer

(Residence in Baltimore: No. 413 E Eutaw St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec 31, 1838
(Month) (Day) (Year)

7-AGE, 87 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Krammer

(Address) 2014 Ramsay St

15-

Filed FEB 27 1916 191.... MARKET OF ADDRESS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 19 1916, to Feb 24 1916, that I saw him alive on Feb 23 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

.....t.

Bronchis Pneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. 5 ds.

(Signed) Daniel Kelly M. D.

Feb 26, 191.... (Address) 307 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, February 27 1916

20-UNDERTAKER George L Schwab & Bro — ADDRESS 2101 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92655 C92655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 118 E Randall St., 24 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lauchr

(Residence in Baltimore: No. 118 E Randall St.; 50 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Aug 17, 1847
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
68 yrs. 6 mos. 9 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Lenoch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ruth

(Address) 232 Fenton

15-
Filed FEB 27 1916, 191.... HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1916, to Feb 26 1916, that I saw her alive on Feb 26 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) R. L. Compton M. D.

Feb 26 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Feb 28, 1916
20-UNDERTAKER	ADDRESS
J. Fen McCully	398 Fort

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92656 HEALTH DEPARTMENT—CITY OF BALTIMORE C92656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Eden st ST.; 5 WARD) REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Calvin Bowley (Bowley)

(Residence in Baltimore: No. 521 N Eden st St.; Life yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored.	Single

6-DATE OF BIRTH, [illegible] 22, 1911
(Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jas. C. Bowley

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Edna Hewitt

13-BIRTHPLACE OF MOTHER (State or Country) Harford Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Calvin Bowley

(Address) 521 N. Eden st.

15- HENRY G. ARLETT, M.D.

Filed FEB 27 1916 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 26 1916, that I saw him alive on Feb 26 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial

(Duration) yrs. mos. 5 ds.

(Signed) L. D. Leonard M. D.

Feb 26 1916 (Address) 708 Eutaw pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Feb 28, 1916
20-UNDERTAKER	ADDRESS
Chas. G. Bailey	Jefferson st

Spec.—8-24-14—M. & T.—2000 Blks.

C92657

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92657

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1003 S. Carey ST.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina V. Schmidt

(Residence in Baltimore: No. 1003 S. Carey St.: 15 yrs., 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 25 (Day), 1900 (Year)

7-AGE, 15 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John C Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Horzig

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Schmidt

(Address) 1003 S Carey St

15- FEB 27 1916 Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Feb 26 1916, that I saw her alive on Feb 26 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) yrs. 2 mos. ds.

(Signed) Chas. L. Davis M. D.

Feb 27, 191.. (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Feb 29, 191 6

20-UNDERTAKER William Cook

ADDRESS 602 E North ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92658 64 C92658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S Ann ST.; 2 WARD) REGISTERED No. C.....

2-FULL NAME Francis H Haskey.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 317 S Ann St. St.; 34 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 10th, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter 328
(b) General nature of industry, business, or establishment in which employed (or employer) (House)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Haskey.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Tessa Huntsman

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Doyle

(Address) 317 S Ann St

15-

Filed FEB 27 1916 HARRY O. SULLINGS, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 22 1916, to Feb 25 1916, that I saw him alive on Feb 24 1916, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral Hemorrhage

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

..... (Duration) 4 yrs. .....mos. .....ds.

(Signed) Geo. T. Miller M. D.

2-25, 1916 (Address) 1237 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

18-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Feb 28, 1916

20-UNDERTAKER John A Moran

ADDRESS Bank & Ann Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92659 ×120 C92659

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Woodcock

(Residence in Baltimore: No. University Hospital, St.; ....yrs., ...mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 27 (Day), 1894 (Year)

7-AGE, 21 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car repairman
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, C. D. Woodcock, Md

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Cheaby

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Fields

(Address) 1200 W. Lombard St.

15- FEB 27 1916 Filed....., 191.... ROBERT . KRAUS[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to Feb 27 1916, that I saw him alive on Feb 27 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Brights, uremia

cardiac decompensation

..... (Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ureamia

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) Walter L Richards M. D.

Feb 27, 1916. (Address) Womans Hospital Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 21 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Brunswick Md.

Former or usual residence Brunswick Md.

19-PLACE OF BURIAL OR REMOVAL, Brunswick Md

DATE OF BURIAL, Feb 27th, 1916.

20-UNDERTAKER John J. Fields

ADDRESS 1200 W Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C92660

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2 W Ostend ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Fischer

(Residence in Baltimore: No. #2 W. Ostend St.; 60 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, January 12th, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 1 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Adam Fisher

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fischer

(Address) #2 W. Ostend St

15-

Filed FEB 28 1916 ROBERT . KRAUSE

191.. MUNICIPAL REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH February 24th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to 2/24 1916, that I saw her alive on 2/24 1916, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E L Beyton M. D.

2/24, 1916. (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross (AAC) DATE OF BURIAL, 2-28, 191.6

20-UNDERTAKER E & B Harle ADDRESS 415 E Mead St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92661

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 C92661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Victoria Michalax

(Residence in Baltimore: No. 805 S. Luzerne Ave St.; 19 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 23, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thomas Adamaski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislawa Gusta Lejak

(Address) 805 S Luzerne Ave

FEB 28 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 24 1916, to February 25 1916, that I saw her alive on February 25 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction 2 days

Umbilical Hernia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Marcus Ostro M. D.

February 25 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 805 S. Luzerne Ave

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, Feb. 28, 1916

20-UNDERTAKER Stephen J Fialkowski

ADDRESS 109 Johnson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92662

CERTIFICATE OF DEATH

9 C92662

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 Mason ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Nolan

Residence in Baltimore: No. 939 Mason St.: yrs. 11 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Femal

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 11 —, 1915 (Month) (Day) (Year)

7-AGE: — yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Hd mour
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): ~~Baltimore Md~~ Va

PARENTS

10-NAME OF FATHER: Wm J. Nolan

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Evalin Bell

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Evalin Nolan

(Address) 939 Mason St

15- FEB 28 1916 Filed ..... 191 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February 27, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 23. 1916. to. February 27 1916. that I saw h alive on February 26. 1916. and that death occurred, on the date stated above, at 5 A m. The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Bertha E. Japman M. D.

Feb. 27 1916 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: Feb 28, 1916

20-UNDERTAKER: Samuel Eastori — ADDRESS 916 Park ave

10 a. m.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92663 175 C92663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 8 University Hospital ST. 23 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P. Steinbach
(Residence in Baltimore: No. 117 W. Henrietta St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 28 (Day), 1854 (Year)

7-AGE, 61 yrs. 10 mos. 27 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Loading Master
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R. R. Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Ferdinand Steinbach
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Pauline Esbenbach
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Steinbach
(Address) 117 W. Henrietta

15-
Filed FEB 28 1916, 191.. ROBERT . KRAUSE
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Fractured Skull etc. the result of being accidentally struck and run over by an Electric motor of B&O R.R. Co. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Railroad accident (Duration) ....yrs. ....mos. ....ds.

(Signed) Max M. Savage M. D. (Coroner.)
Feby 27, 1916 (Address) 1729 Madison Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? B. & O. Yards.

Former or usual residence 117 W. Henrietta St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery
DATE OF BURIAL, Feb. 28 1915

20-UNDERTAKER F. A. Krause
ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92664

CERTIFICATE OF DEATH.

28 C92664

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jackson.

(Residence in Baltimore: No. St. Mary's Home Pussetum & Eutaw Sts. St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1..... (Day) (Year)

7-AGE About 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed FEB 28 1916, 191... ROBERT . KRAUSS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1916, to Feb 26th 1916, that I saw him alive on Feb 26th 1916, and that death occurred, on the date stated above, at 4.05 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

..... (Duration) ..... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Shipley M. D.

Feb. 26th, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence St. Mary's Home.

19-PLACE OF BURIAL OR REMOVAL, Loud Cemetery — DATE OF BURIAL, Feb. 28, 1916.

20-UNDERTAKER John A. Bishop — ADDRESS 110 Dolphin St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92665

CERTIFICATE OF DEATH.

79 C92665

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N. Kenwood Av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Gettman

(Residence in Baltimore: No. 641 N. Kenwood Av St.; 48 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 3rd (Month) (Day), 1865 (Year)

7-AGE, 50 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Geo. Hubby

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Gettman

(Address) 641 N. Kenwood

15- Filed FEB 28 1916, 191... ROBERT . KRAUER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21 1916, to Feb. 25 1916, that I saw her alive on " 25 1916 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia
(b) Mitral Insufficiency
(c)
(d) ..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular Dis Heart
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Thier M. D.

2/26/1916 (Address) 401 E Pat & P.K. Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Schwartz Cem	Feb 28, 1916
20-UNDERTAKER Smith Henry	ADDRESS 2016 Orleans

IT

C92666

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92666

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3042 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew David Wisner

(Residence in Baltimore: No. 3042 Stafford St. 2 yrs., mos. ds.)

• WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 13th (Day), 1890 (Year)

7-AGE, 25 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railway

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Wisner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Wolf.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wisner

(Address) Glen Burnie Md.

15- FEB 28 1916 ROBERT . KRAUTER,
Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound - Accident
(Paying with revolver shot himself in the neck)
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Louis Blumberg M. D.
(Coroner.)
Feb 28th, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Feb 29 1916

20-UNDERTAKER W. H. Tickner & Son ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92667

REGISTERED No. C92667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter M. Nelson

(Residence in Baltimore: No. 820 E. 42nd St ST.; 54 yrs., 11 mos. 29 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH, Feb. (Month) 28 (Day), 1861 (Year)

7-AGE, 54 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Cement

9-BIRTHPLACE (State or Country): Balto Maryland.

PARENTS.

10-NAME OF FATHER: Edward Colleen

11-BIRTHPLACE OF FATHER (State or Country): Portugal

12-MAIDEN NAME OF MOTHER: Sylvia Lynch

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Colleen

(Address) 820 E. 31st St

15-FEB 28 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21 1916, to Feb 27 1916, that I saw h[illegible] alive on Feb. 27 1916, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) Died at Once yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) [illegible] yrs. mos. 11 ds.

(Signed) Austin A. Noble M. D.

Feb 27, 1916. (Address) 1 East Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 7 yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? 820 E 42nd St

Former or usual residence 820 E 42nd St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, March 1, 1916

20-UNDERTAKER Henry Hosch Son

ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92668

CERTIFICATE OF DEATH.

10 C92668

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 17-E-22nd ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Hopper Emory

(Residence in Baltimore: No. 17-E-22nd St.; 74 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 14, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. 0 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 764

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. D. C. Hopper Emory

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Frances Wilmer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia R. Emory

(Address) 17-E-22nd St.

15- Filed FEB 28 1916 191. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1916, to Feb 27 1916, that I saw him alive on Feb 26 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilmer P. Mason M. D.

Feb 28, 1916. (Address) 213 W Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Feby 29 1916

20-UNDERTAKER Stewart & Mowen Co

ADDRESS 108 W Mont Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

S. [illegible]—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92C92669

92C92669

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Schroeder ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs C Elgert

(Residence in Baltimore: No. 207 N Schroeder St.; ..... yrs. Life mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. March 16th, 1865
(Month) (Day) (Year)

7-AGE. 50 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Figureman No 53
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ordnance Dept Yard

9-BIRTHPLACE, (State or Country), Balto Md,

PARENTS.

10-NAME OF FATHER, John Elgert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Elgert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie Elgert

(Address) 207 N Schroeder St.

15- FEB 28 1916 Filed....., 191.... ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Feb 26th 1916, that I saw him alive on Feb 25th 1916, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia
(Both Lungs)
(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza
(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Jno A Mortimer M. D.

Feb 27th 1916 (Address) 2500 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Loudon Park	Feb 29, 1916
20-UNDERTAKER	**ADDRESS**
Geo J Smith	1000 W. Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92670

CERTIFICATE OF DEATH.

186 C92670

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Church Home & Infirmary ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rt. Thomas Deuce

(Residence in Baltimore: No. Western Cemetery St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 28th, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 84
(b) General nature of industry, business, or establishment in which employed (or employer)..... Western Cemetery

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Deuce

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Eliza Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Deuce

(Address) Western Cemetery

15- Filed FEB 28 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accident) Fracture of Skull

Falling from Scaffolding

Duration, ...(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

.....(Duration).....yrs.....mos.....ds.

(Signed) Edward L. Campbell M. D.
(Coroner.)

Feb 27th, 1916 (Address) 426 N. Mathews Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 9 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Western Cemetery

Former or usual residence. Western Cemetery

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Chapel — DATE OF BURIAL, Mar 1, 1916

20-UNDERTAKER Jno J Arnold — ADDRESS 1000 N Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92671 — 90 C92671

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Harr ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella V. Riegel

(Residence in Baltimore: No. 10 S. Harr St.; 45 yrs., ... mos., ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 30 (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. 6 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Edward Kelly

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Hooper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Riegel

(Address) 10 S. Harr St

15- Filed FEB 28 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1914, to Feb. 25th 1916, that I saw her alive on ..... 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Anaemia and Exhaustion

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) 1 yrs. 5 mos. ..... ds.

(Signed) Jacob L. Wismer M. D.

2-25 1916 (Address) 30 S. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb. 25, 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 1210 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92672

CERTIFICATE OF DEATH.

50 C92672

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 S. Smallwood St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula M L. Kratz

(Residence in Baltimore: No. 343 Smallwood St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 23rd (Month) (Day), 1899 (Year)

7-AGE, 16 yrs. 3 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Business College
(b) General nature of industry, business, or establishment in which employed (or employer)..... girl

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam Kratz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Sauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Adam L Kratz

(Address)..... 343 S. Smallwood St.

15 Filed FEB 28 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1916, to Feb. 24 1916, that I saw h-r alive on Feb 24 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

..... Diabetes .....

.....

.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acedosis (Diabetic Coma)

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. S. Nesbitt M. D.

Feb. 27, 1916 (Address) Garrison Exp. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 28th, 1916.

20-UNDERTAKER Charles H. Gill ADDRESS 319 Frederick Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92673 C92673

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2013 N. Bentalou ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie May Townsend

(Residence in Baltimore: No. 2013 Bentalou St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1891 (Year)

7-AGE 24 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Harry D Townsend

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary N Smith

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Smith

(Address) 1906 W Fulton Ave

15- Filed FEB 28 1916 191.. ROBERT . KRAUSS, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26 1916, to Feb 27 1916, that I saw h[illegible] alive on Feb 26 1916, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

[illegible]

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo Billups M. D.

Feb 27, 1916. (Address) 722 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Louderman | DATE OF BURIAL, Feb 29 1916

20-UNDERTAKER H G McKnew Sons | ADDRESS Lemmon Rath

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92674

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1614 Walker ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fisher

(Residence in Baltimore: No. 1614 Walker St.: unknown yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb 21st, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 0 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brickmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 713

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Miller

(Address) 1614 Walker St.

15- FEB 28 1916 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

....., (Duration) ....yrs. ....mos. ....ds.

(Signed) C. Lincoln Lenhardt M. D.
(Coroner.)

Feb 26, 1916. (Address) 1614 Walker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Feb 29, 1916

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92675 C92675

CERTIFICATE OF DEATH.

89

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 W Welcome alley ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian Powell

(Residence in Baltimore: No. 118 W Welcome alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing'l

6-DATE OF BIRTH, Jan (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Son
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, John Powell

11-BIRTHPLACE OF FATHER (State or Country), Baltimd

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Baltimd

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Powell

(Address) 118 W Welcome

15- Filed FEB 28 1916 191... ROBERT ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Bronchitis

(Duration) ... yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner.) M. D.

Feb 25, 1916 (Address) ... Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL

DATE OF BURIAL, FEB 26 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92676

CERTIFICATE OF DEATH.

C92676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. Elizabeth ave ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Conrath

(Residence in Baltimore: No. 1 St Paul St St.; 7 yrs. 7 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Colored	Single

6-DATE OF BIRTH, Oct 14, 1909
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Montgomery Co.

PARENTS.

10-NAME OF FATHER, Charles Conrath

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Conrath

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Katie Conrad

(Address) 1 E. Elizabeth ave

15 FEB 28 1916 CORRECT - BUREAU OF VITAL STATISTICS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Feb 25 191..., that I saw him alive on Feb 25 191..., and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Following Measles Dec 14-30
(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY. (Secondary) None
(Duration) ...yrs. ...mos. ...ds.

(Signed) Edgar P. Lasseigne Conrad M. D.

Feb 25, 1916. (Address) 1 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. 17 ds. In the State 7 yrs. 9 mos. 17 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL.	Feb 28, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92677

CERTIFICATE OF DEATH.

91 C92677

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Eden ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Porter

(Residence in Baltimore: No. 304 N Eden St.; 2 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1870.
(Month) (Day) (Year)

7-AGE, ... 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Middle River Md

PARENTS.

10-NAME OF FATHER, William Lee

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary L Underwood

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L Lee

(Address) 304 N Eden St

15- Filed FEB 28 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Feby 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 25th 1916, to Feby 25 1916, that I saw her alive on Feby 25 1916, and that death occurred, on the date stated above, at 12:35 p.m. A.

The CAUSE OF DEATH* was as follows:

..... Lobular Pneumonia .....

..... unknown .....
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma & Cardiac Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D H E Campbell M. D.

Feby 26, 1916. (Address) 1369 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Feb 29, 1916.

20-UNDERTAKER & ADDRESS R & G Cook 1405 McElderry St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92678

CERTIFICATE OF DEATH

154 C92678

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 887 W. Lombard ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Switzer

(Residence in Baltimore: No. 887 W. Lombard St.: 75 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Feb 23 (1821)
(Month) (Day) (Year)

7-AGE 95 yrs. — mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Carlisle, Pa.

PARENTS

10-NAME OF FATHER David Fivored

11-BIRTHPLACE OF FATHER (State or country) U. S.

12-MAIDEN NAME OF MOTHER Nancy Stauffer

13-BIRTHPLACE OF MOTHER (State or country) U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M Switzer

(Address) 887 W. Lombard St

15-
Filed FEB 28 1916 ROBERT . BRAUER, Vital Statistics Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Feb. 25, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1916, to Feb. 26 1916, that I saw h[illegible] alive on Feb. 25, 1916, and that death occurred, on the date stated above, at 5:35 P.m.

The CAUSE OF DEATH* was as follows:

Old age

Senility

(Duration) ..... yrs. uncertain mos. ..... ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm B. Rider M. D.

Feb. 26, 1916. (Address) 867 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. | DATE OF BURIAL Feb. 29, 1916

20-UNDERTAKER Jos. B. Cook & Co. | ADDRESS 1031 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

C92679

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92679

CERTIFICATE OF DEATH.

130.

1-PLACE OF DEATH Md. Gen'l Hosp.

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ella Chaney

(Residence in Baltimore: No. 1714 Cole St.; 22 yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 22, 1893
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 9 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dallas Chaney

11-BIRTHPLACE OF FATHER (State or Country) A A Co Md

12-MAIDEN NAME OF MOTHER Mary E. Whitehead

13-BIRTHPLACE OF MOTHER (State or Country), A A Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dallas Chaney

(Address) 1702 Cole St

15- Filed FEB 28 1916, 191.... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Feb 26 1916., that I saw h.r alive on Feb 26 1916., and that death occurred, on the date stated above, at 11 6 m.

The CAUSE OF DEATH* was as follows:

Pelvic Cellulitis

(Duration) yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. ? ds.

(Signed) C. W. Chambers M. D.

Feb. 26., 191.6 (Address) Md. Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 3 ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1714 Cole St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Feb. 29., 191.6

20-UNDERTAKER Joseph Cook ADDRESS 603 W. Balto St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8

C92680

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C92680

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 1915 Park Ave 14 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert H. Campbell

(Residence in Baltimore: No. 1915 Park ave St. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 26, 1853 (Month) (Day) (Year)

7 AGE: 62 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

9 BIRTHPLACE (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Abner Campbell

11 BIRTHPLACE OF FATHER (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Katherine Helfenstein

13 BIRTHPLACE OF MOTHER (State or country): U. S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. H. Campbell

(Address) Washington DC

FEB 28 1916 Filed

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby 27th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feby. 25, 1916. to Feby 27th 1916.
that I saw him alive on Feby 26th, 1916.
and that death occurred, on the date stated above, at 7.30 A m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 2 mos. ds

Contributory (SECONDARY): Uraemic Convulsion

(Duration) 0 yrs. mos 1/2 ds.

(Signed) Thomas F Talbott M. D.

Feby 28. 1916 (Address) Marlboro Md

*State the DISEASE Causing Death, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: Feb 29, 1916

UNDERTAKER: Jno B Cook — ADDRESS: 1023 W Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92681 C92681

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Snowden.

(Residence in Baltimore: No. 24 N Amity St. St.; 4 yrs., ... mos., ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 6, 1881.
(Month) (Day) (Year)

7-AGE, 34 yrs. 2 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jno. Snowden

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Priscilla Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Snowden

(Address) 34 N. Amity St.

15- Filed FEB 28 1916, 191. ROBERT . KRAUDER, Registrar. BURIAL PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2- 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-7 1916, to 2-25 1916, that I saw her alive on 2-25 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia
(Puerperal).

(Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. L. Rush M.D. M. D.

2-26, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State 34 yrs. 2 mos. 19 ds.

Where was disease contracted, if not at place of death? Not not Known

Former or usual residence 24 N Amity St

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. DATE OF BURIAL. Feb. 29 1916.

20-UNDERTAKER Alfred J. Freeland ADDRESS 1114 Schroeder

Spec.—5-19-13—M. & T.—500 Bks.

C92682

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92682

CERTIFICATE OF DEATH.

90

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 North Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Emma Thomas

(Residence in Baltimore: No. 707 North Carey Street St.; 73 yrs., 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow

6-DATE OF BIRTH, ... Mar (Month) 13 (Day), 1842 (Year)

7-AGE, 73 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltic Md

PARENTS.

10-NAME OF FATHER, Jas L Thomas

11-BIRTHPLACE OF FATHER (State or Country), Baltic Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltic Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gordon B. Phillips

(Address) West Orange N. J.

15- Filed FEB 28 1916, 191. ROBERT . BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby. 20th. 1916, to Feby. 26th. 1916, that I saw her alive on February 26th. 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) do not know yrs. mos. ds.

(Signed) O. H. Durace, M. D.

Feb. 26th, 1916. (Address) 1817 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetry

DATE OF BURIAL, Feb 29, 1916.

20-UNDERTAKER Roberts Brooks & Son

ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92683

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Bacon

(Residence in Baltimore: No. 1348 N. Calhoun St.; 70 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Coleman

(Address) 1348 E. Calhoun St.

15- Filed FEB 28 1916 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1916, to Feb. 26 1916, that I saw her alive on Feb. 26 1916, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Dorr M. D.

Feb. 26, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home.

Former or usual residence 1348 Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Feb 29, 1916.

20-UNDERTAKER James H Dunn — ADDRESS 1303 Division

Spec.—5-19-13—M. & T.—500 Bks.

C92684

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92684

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1640 N. Vincent ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia C. Gent

(Residence in Baltimore: No. 1640 N. Vincent St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, January (Month) (Day) 1851 (Year)

7-AGE 65 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid occupation

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Bias

(Address) 1414 Vincent st

15- FEB 28 1916 Filed..... 191.. ROBERT KRAUTAR, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 20 1916, to feb. 27 1916, that I saw her alive on feb. 25 1916, and that death occurred, on the date stated above, at 12.40 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) Indefinate yrs. mos. ds.

(Signed) Chas. E. Clark M. D.

feb. 27, 1916 (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion — DATE OF BURIAL, Mar 1, 1916

20-UNDERTAKER James H Timms — ADDRESS 803 Preston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92685

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92685

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2117 Chelsea Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy L. Evans

(Residence in Baltimore: No. 2117 Chelsea Ave. St.; 40 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feby 10, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sec & Treasurer 315
(b) General nature of industry, business, or establishment in which employed (or employer): Evans Marble Co

9-BIRTHPLACE (State or Country): Columbus, Ohio

PARENTS.

10-NAME OF FATHER: Wm H. Evans

11-BIRTHPLACE OF FATHER (State or Country): Ohio

12-MAIDEN NAME OF MOTHER: Mary A. Williams

13-BIRTHPLACE OF MOTHER (State or Country): Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara B Evans

(Address) 2117 Chelsea Ave

15- FEB 28 1916 Filed....., 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1915, to Feb 26 1916, that I saw h[er] alive on Feb 26 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. L. Gutsang M. D.

Feb 27, 1916. (Address) 6 N. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Mar 1, 191 6.

20-UNDERTAKER Chas E Evans & Son

ADDRESS 118 Wm Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92686

CERTIFICATE OF DEATH.

1916 C92686

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Ashland ave ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Koebler

(Residence in Baltimore: No. 2528 Ashland ave St.; 45 yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 29, 1839.
(Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Paver
(b) General nature of industry, business, or establishment in which employed (or employer): City - 515

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Koebler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nettie Beamin

(Address) 2528 Ashland ave

15- FEB 28 1916 Filed, 191. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to Feb 26 1916, that I saw him alive on Feb 25 1916, and that death occurred, on the date stated above, at 6.55 A m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia (Gangrenous)

(Duration) yrs. mos. ds.

(Signed) J. F. Roden M. D.

Feb 28, 1916. (Address) 1904 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltolem	Feb 29th, 1916.
20-UNDERTAKER	ADDRESS
Geo G. Cook	1106 Patterson Pk Ave.

C92687

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C92687

Registered No. C .....

1-PLACE OF DEATH St Frances Convent.

CITY OF BALTIMORE (No. Corner Forrest & Chase St. 10 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M. de Chantal Bellouard.

(Residence in Baltimore: No. Forrest & Chase. St.: 27 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-~~COLOR OR~~ RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 11 (Month) 12 (Day), 1834 (Year)

7-AGE: 81 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sister - Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer): for Orphans 786

9-BIRTHPLACE (State or country): New Orleans La.

PARENTS

10-NAME OF FATHER: John Bellouard

11-BIRTHPLACE OF FATHER (State or country): Cuba.

12-MAIDEN NAME OF MOTHER: Anna Marie Sarasa

13-BIRTHPLACE OF MOTHER (State or country): Porto Rico San Domingo

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother Mary Frances O.S.C.
St. Frances Convent
(Address) E. Chase St & Forrest Place

15- FEB 28 1916

ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1914, to Feb 1916, that I saw her alive on Feb 27, 1916, and that death occurred, on the date stated above, at 6.25 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) 1 yrs. 4 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary F. Voegtlin M. D.
Feb. 27, 1916. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral cemetery

DATE OF BURIAL: Mar 1 1916

20-UNDERTAKER: Felix B. Pyc.

ADDRESS: 1028 Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92688

92 C92688

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Dolphin ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Fullerman

(Residence in Baltimore: No. 233 N. Dolphin St.; 1 yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Oct 0 —, (Month) (Day) 1914 (Year)

7-AGE, 1 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Fullman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Viola Barber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Fullman

(Address) 1420 Division St

15- Filed FEB 28 1916, 191 ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23rd 1916, to Nov 27th 1916, that I saw h... alive on Nov 27th 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Diabetes Carcinoma

(Duration) ....yrs. 6 mos. 7 ds.

(Signed) Edward Gill Reamer M. D.

Nov 28, 1916, (Address) 1420 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cem	Nov 29, 1916.
20-UNDERTAKER	ADDRESS
Felix B. Pye	102 E. Mulberry St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C92689

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca E Short

(Residence in Baltimore: No. 418 Orchard St ST.; 40 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)
Aug. 12, 1846

7-AGE.	If LESS than 1 day,
69 yrs. 6 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or estsblisbment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Bond

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Crowley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Orchard St

15- FEB 28 1916 ROBERT , KRAUSER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Feb 26 1916, that I saw h[illegible] alive on Feb 26 1916, and that death occurred, on the date stated above, at 2.00 (m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Contributory Senile Debility
(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P Lemmick M. D.
Feb 26, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 418 Orchard St

Former or usual residence 418 Orchard St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Feb 29, 1916.
20-UNDERTAKER	ADDRESS
Felix B. Pyle	1121 W Lanvale

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92690

CERTIFICATE OF DEATH.

37

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Stood

(Residence in Baltimore: No. 525 E. Chase St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. 19, 1916
(Month) (Day) (Year)

7-AGE, 6 days
.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Stood

11-BIRTHPLACE OF FATHER (State or Country), Florida

12-MAIDEN NAME OF MOTHER Elizabeth Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R. Stood

(Address) Mercy Hospital

15- Filed FEB 28 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19 1916, to Feb 26 1916, that I saw h[illegible] alive on Feb. 26 1916 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Compensated Tumor

.....(Duration).....yrs.....mos.....ds.

(Signed) Edward R. Lumsden M. D.

Feb 28 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Tampa Florida

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S. FEB 28 1916

COMMISSIONER Health.

Per. Wm. R. WOODALL.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92691 C92691 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N. Hamburg ST.; 23 WARD)

2-FULL NAME Baby Spriggs

(Residence in Baltimore: No. 148 N. Hamburg St. St.: ...yrs., ...mos. ...ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	African	Single

6-DATE OF BIRTH, Feb 16, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs. 11 mos. ...ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter B. Spriggs

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter B. Spriggs

(Address) 148 W. Hamburg St.

15- FEB 28 1916 Filed....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 — 1916 to Feb 27 — 1916, that I saw h[illegible] alive on Feb 27 — 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ...yrs. ...mos. 11 ...ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ...yrs. ...mos. ? ...ds.

Feb 28 —, 1916. (Signed) Charles E. Sims, M. D. (Address) Municipal Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Family Cem.	Feb 28, 1916

20-UNDERTAKER	ADDRESS
[illegible]	83 George St

Spec.—8-24—M. & T.—2000 Bks.

C92692

D. Powers 2511 E Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C92692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 E. 20th St. ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Smith

(Residence in Baltimore: No. 870 E. 20th St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white.	Widow

6-DATE OF BIRTH, Aug 24, 1839. (Month) (Day) (Year)

7-AGE. 76 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edw Browning

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nancy Carmichael

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth V. Baily

(Address) 870 E. 20th St.

15- FEB 28 1916 Filed....., 191.... HARRY O. ANDREWS Burial Permit Officer. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-22-1916, to 2-26-1916, that I saw her alive on 2-26-1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) H. F. Powers M. D.

2/27, 1916 (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemt — DATE OF BURIAL, Feb 29, 1916

20-UNDERTAKER Chas Cook — ADDRESS 502 North Ave

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92693

CERTIFICATE OF DEATH.

81

C92693

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Seneca ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME John C Hamilton

(Residence in Baltimore: No. 3428 Seneca St.: 76 yrs., - mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Male~~ Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July 2, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): 27

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Spencer

(Address) 3428 Seneca St

15-

Filed FEB 28 1916, 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1915, to Feb 27 1916, that I saw h.. alive on Feb 27 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY, (Secondary) Old age - R Pneumonia

(Duration) 10 yrs. mos. ds.

(Signed) C Tongue M. D.

2/28, 191.. (Address) 3701 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, March 1., 1916.

20-UNDERTAKER, William Cook — ADDRESS 502 E. North ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92694 C92694

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Fawn ST. 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno G. Hauenstein

(Residence in Baltimore: No. 302 Fawn St St.; 42 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 23 (Day), 1873 (Year)

7-AGE, 42 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Market

PARENTS.

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, H. C. Hauenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hauenstein

(Address) 302 Fawn St

15- FEB 28 1916 HARRY O ANDREWS.

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Feb 26 1916, that I saw h m alive on Feb 26 1916 and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Accidental

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Laryngitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Howard Kelly M. D.

Feb 28, 1916. (Address) 2027 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb 28th 1916

20-UNDERTAKER F. B. Keppert

ADDRESS 733 Fredk Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92695

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C92695

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1315 Linden Ave St.: 11 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth R. Gunther

(Residence in Baltimore: No. 1315 Linden Ave St.; 30 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: May 1, 1870 (Month) (Day) (Year)

7 AGE: 35 yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael O'Connor

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Delany

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Gunther

(Address) 1315 Linden Ave

FEB 28 1916 Filed ..... 191.....

HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1916, to Feb 27 1916, that I saw h[illegible] alive on Feb. 27, 1916, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis producing pulmonic infection ending 5 weeks time. Death probable due to fatal Hemorrhage

(Duration) 1 yrs. 1 mos. 1 ds

Contributory (SECONDARY) Chronic from Ex. Pulmonalis

(Duration) yrs. mos. ds.

(Signed) W. F. B. Sellman M. D.

Feb. 28, 1916 (Address) 5 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: March, 1916

20 UNDERTAKER: Chas. F. Evans & Son ADDRESS: 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C92696

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92696

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Wurtzin

(Residence in Baltimore: No. 618 Decker Ave St.: ....yrs., 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 17, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James F Durkin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Minnie Stressheim

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- FEB 28 1916 Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 25 1916, to February 27 1916, that I saw her alive on February 27 1916, and that death occurred, on the date stated above, at 8 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

F'b'y 27, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 10 mos. 10 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 618 Decker Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	Feb. 29, 1916.
20-UNDERTAKER John A Moran	ADDRESS Bank

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92697 C92697

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 W. West ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Tierney Jr.

(Residence in Baltimore: No. 119 W. West St.; 23 yrs., 3 mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 18 (Day) 1892 (Year)

7-AGE, 23 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. and O. R.R.

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, George J. Tierney

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Mary E. Fraburger

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs. George J. Tierney.....

(Address).....1196 West St.....

15- FEB 28 1916

Filed....., 191. HARRY O. ANDREWS, DEPUTY Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1912, to Feb. 26th 1916, that I saw him alive on Feb. 25th 1916, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

.....Pulmonary Tuberculosis.....

..... (Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration).....yrs.....mos.....ds.

(Signed) Harry Gross M. D.

Feb. 28, 1916. (Address) 1502 Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Feb. 29, 1916.
20-UNDERTAKER P. & M. G. Flynn	ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92698

CERTIFICATE OF DEATH.

91 C92698

1-PLACE OF DEATH 3207 Baker St

REGISTERED NO. C

CITY OF BALTIMORE: (No. ↑ ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Richard Wheeler

(Residence in Baltimore: No. 3207 Baker St.; 1 yrs., — mos. — ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Sing'l

6-DATE OF BIRTH, Feb 1, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Willard Wheeler

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Stella Baker

13-BIRTHPLACE OF MOTHER (State or Country), N Y

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard Wheeler

(Address) 3207 Baker St

15- FEB 28 1916 Filed, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1916, to Feb 27, 1916, that I saw him alive on Feb 27, 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. L. Fichtenberg M. D.

Feb 27, 1916 (Address) 1638 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 3207 Baker St

Former or usual residence usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem't. DATE OF BURIAL, Feb 29, 1916

20-UNDERTAKER L. Grinnan & Bro ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 O'Donnell ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Fortsch

(Residence in Baltimore: No. 2820 O'Donnell St St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, Unknown, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Neubauer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Fortsch

(Address) 2820 O'Donnell St.

15-
FEB 28 1916
Filed....., 191... HARRY O. ANDREWS,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1915, to Feb 25 1916, that I saw her alive on Feb 25 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Why occurred
.....
.....
..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) N. B. Sittler M. D.

Feb 28, 1916. (Address) 308 N. O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	Feb. 29, 1916
20-UNDERTAKER Lilly & Zeiber	ADDRESS 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(92700)

CERTIFICATE OF DEATH.

92

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 E 41 ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Beachum

(Residence in Baltimore: No. 819 E 41 St St.; 50 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dont Know ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 75 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Beachum

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Weather Steaden

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Beachum

(Address) 819 E. 41 St.

15- Filed FEB 29 1916, 191 ..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 27 1916, that I saw h er alive on Feb 27 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) ..... yrs. ..... mos. V ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Evans M. D.

2/28, 191 6 (Address) 502 Franklin Ter.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Feb 29, 191 6

20-UNDERTAKER William Cook ADDRESS 502 E North

Dr Evans 502 Franklin Ter

Spec.—8-24-14—M. & T.—2000 Bks.

C92701 C92701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

t 129

1-PLACE OF DEATH Maryland General Hospital. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Madison St and Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Marion Flautt.

(Residence in Baltimore: No. Maryland General Hosp ; St.; ... yrs., ... mos. 34 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dec 2 (Month) (Day), 1868. (Year)

7-AGE, 47 yrs. 2 mos. 26 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James Coster

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Kroft

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha H. Flautt

(Address) 314 Belvedere Ave

15- FEB 29 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 28th 1916, to Feb 28th 1916, that I saw h er alive on February 28th 1916, and that death occurred, on the date stated above, at 4.40 p. m.

The CAUSE OF DEATH* was as follows:

Uterine fibroma.

B. Ovarian Cyst.

..... (Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism.

..... (Duration) ... yrs. 1 mos. ... ds.

(Signed) C. H. Mixer M. D.

Feb 28th, 1916 (Address) Maryland Gen. Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 34 ds. In the State 47 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 314 Belvedere Ave, Arlington Md

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet | DATE OF BURIAL, Feb 1st, 1916.

20-UNDERTAKER Wm Cook | ADDRESS 602 Park Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

02702 92 02702

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1135 Homestead ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L Kermode

(Residence in Baltimore: No. 1135 Homestead St.; in city 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	married

6-DATE OF BIRTH: August 27 (Month) (Day) 1845 (Year)

7-AGE: 70 yrs. 6 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer): Drugs-Soaps Co

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: W= Kermode

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Linas maer

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah E. Kermode

(Address) 1135 Homestead St

15- Filed FEB 29 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 25, 1916, to February 28 1916, that I saw h=m alive on February 28 1916 and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Double Lobar.

(Duration) ..... yrs ..... mos. 16 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs ..... mos. 2 ds.

(Signed) W. Young Westbrook M. D.

February 28 1916 [Address] 1618 Gordon Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: March 2, 1916

20-UNDERTAKER: Lowcook — ADDRESS: 508 E Hoff

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92703 C92703 × 91

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Flannery

(Residence in Baltimore: No. St Josephs Hospital St.; ....yrs., ...mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 87 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer (Hay)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. F. Flannery

(Address) 111 Howard Station

15-
Filed FEB 29 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk's
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916 to Feb 28, 1916, that I saw h.. alive on Feb 28, 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. F. Flannery M. D.

Feb 28, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State not known ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Marriottsville Md

Former or usual residence Marriottsville Md.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, March 2 1916

20-UNDERTAKER Martin Fahey Sons — ADDRESS 106 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9270 4 — 151 — C9270 4

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Senota

(Residence in Baltimore: No. 118 S Exeter St.; yrs. 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 7, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 2 mos. 21 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Morris Senota

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mollie Feintuch

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Senota

(Address) 118 S. Exeter St.

15- Filed FEB 29 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1916, to Feb. 28 1916, that I saw her alive on Feb 28 1916, and that death occurred, on the date stated above, at 5 05 m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) 2 1/2 yrs. mos. ds.

(Signed) M. Nussen Ostro M. D.

2/28., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 21 ds. In the State 4 yrs....mos....ds.

Where was disease contracted, if not at place of death? 118 S Exeter

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Feb 29, 1916.

20-UNDERTAKER L. Levinson & Bro. — ADDRESS 1607 E Balto St

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92705 104 C92705

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1138 Warner St. 21 WARD)
2-FULL NAME Susie Wesken
(Residence in Baltimore: No. 1138 Warner St St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 27, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Maryland.

PARENTS.

10-NAME OF FATHER, Enoch Weeken.
11-BIRTHPLACE OF FATHER (State or Country), Maryland.
12-MAIDEN NAME OF MOTHER Sadie Green.
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Enoch Weeken
(Address) 1138 Warner

15- Filed FEB 29 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 25 1916 to Feb 27 1916 that I saw h[illegible] alive on Feb 26 1916; and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:
Pleo. Colitis
(Duration) yrs. 4 mos. ds.
CONTRIBUTORY (Secondary) Pelampsia
(Duration) yrs. mos. 1 ds.

(Signed) W. C. Fulmer, M.D. M. D.
Feb 28, 1916. (Address) 682 Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn
DATE OF BURIAL, Feb 29, 1916

20-UNDERTAKER Isaiah S. Brown and Son
ADDRESS 1810 Montgomery St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92706 HEALTH DEPARTMENT--CITY OF BALTIMORE C92706

CERTIFICATE OF DEATH

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1816 Bolton St ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Carter

(Residence in Baltimore: No. 1816 Bolton St St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: 9 (Month) 4 (Day), 1839 (Year)

7-AGE: 76 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Jno H. Carter

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Elizabeth Albright

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie E. Wallace

(Address) 1816 Bolton st

15. Filed FEB 29 1916 ROBERT . KRAUSE, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1916, to, Feb 28 1916 that I saw h[illegible] alive on Feb 27, 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Suddenly.
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Myocarditis Several years
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), R E Pole M. D.

2 29, 1916. (Address) 2038 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	March 2, 1916
20-UNDERTAKER: George J. Smith	ADDRESS: 10001 Fayette

Spec.—5-19-13—M. & T.—500 Bks.

Elizabeth Heinlein

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92707

CERTIFICATE OF DEATH.

64 C92767

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N Gilmor ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Heinlein

(Residence in Baltimore: No. 1033 N. Gilmor St.; 23 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Oct. 1, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, Geo. Bird

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa.

12-MAIDEN NAME OF MOTHER Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Jackson

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johnston Heinlein

(Address) 1033 N. Gilmor St.

15-FEB 29 1916 Filed....., 191.....

ROBERT . KRAUTER, Asst. Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 191..., to Feb 27 1916, that I saw her alive on Feb. 26 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas C. Todd M. D.

Feb. 27 1916 (Address) 735 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Feb. 29 1916

20-UNDERTAKER Josiah Taylor & Son

ADDRESS 1020 North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92708

CERTIFICATE OF DEATH.

10 C92708

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3426 Ark ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie A Posey

(Residence in Baltimore: No. 3426 Ark St. 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 27, (Month) (Day) 1879 (Year)

7-AGE. 36 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Posey

(Address) 3426 Ark St

15- Filed FEB 29 1916 ROBERT . KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to July 27 1916, that I saw h[illegible] alive on July 27 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 7 ds.

(Signed) J R Wantz M. D.

July 29, 1916. (Address) 565 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Marys Hampden

DATE OF BURIAL. March 1 1916.

20-UNDERTAKER Cheswoth & Son

ADDRESS Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92709

CERTIFICATE OF DEATH.

28 C92709

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Fremont ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Demsey

(Residence in Baltimore: No. 1328 Fremont ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, Married, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Feb (Month) 24 (Day), 1873 (Year)

7-AGE, 37 yrs. mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin Kane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A Demsey

(Address) 1325 Fremont Ave.

15- FEB 29 1916 Filed ROBERT . KRAUTER, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1916, to Feb 28 1916, that I saw her alive on Feb 27 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Not Given

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. McPeake M. D.

Feb 28, 1916 (Address) 5-2 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Mar 1, 1916

20-UNDERTAKER, Robert J Turner

ADDRESS 1442 W. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92710

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 E Biddle St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Nily

(Residence in Baltimore: No. 1705 E Biddle St. St.; 70 yrs. mos. ds.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, July (Month) 8 (Day) 1842 (Year)

7-AGE, 73 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 328

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Nily

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Lazmafelzer

(Address) 1705 E Biddle St

15- FEB 29 1916 Filed....., 191.... ROBERT , KRAUSS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Feby 27 1916, that I saw h.. alive on Feby 27 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wallace W Wales M. D.

Feby 28 1916 (Address) 1101 W Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Feb 29, 1916.
20-UNDERTAKER.	ADDRESS
Robt G Turner	1742 E Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 92711 — 17 — C 92711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter D Hall

(Residence in Baltimore: No. 1340 N. Fulton ave St.; 1yr. 2 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1835 (Year)

7-AGE, 80 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Gent
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Salesman

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carter Hall

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anna Hoffendefer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Douglas Rose

(Address) Maryland Life Bldg

15- FEB 29 1916 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to Feb 27 1916, that I saw him alive on Feb 27 1916, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Accident Fell at bus Stop (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured neck of femur

(Duration) yrs. mos. 15 ds.

(Signed) A. Houston Toulson M. D.

Feb 28, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1340 Fulton ave

Former or usual residence 1340 Fulton ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, March 1 1916.

20-UNDERTAKER, Chas. G. Black — ADDRESS 1201 W. Mulberry St

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C2712

CERTIFICATE OF DEATH.

28 C2712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Barclay ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Estella Mary Roberts

(Residence in Baltimore: No. 1804 Barclay St. 1 yrs. 1 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Oct 20, 1864. (Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Chas L Fullers

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Charlotte E Nicols

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte E Fuller

(Address) 1804 Barclay St

15. FEB 29 1916 ROBERT . KRAUTER, Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 27th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 31st 1916, to Feby 27th 1916, that I saw h[illegible] alive on Feby 27th 1916, and that death occurred, on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. E. Fluhr M. D.

Feby 28 1916 (Address) 1705 E Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Feb 29, 1916.
20-UNDERTAKER Albert E Fuller	ADDRESS 231 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9213 C9213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE (No. 401 E La Fayette Ave ST.; V WARD) REGISTERED NO. C 80

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Matthai

(Residence in Baltimore: No. 401 E. La Fayette Ave St.; 61 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Widowed

6-DATE OF BIRTH: May 16th, 1847. (Month) (Day) (Year)

7-AGE: 68 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manufact 314
(b) General nature of industry, business, or establishment in which employed (or employer): Patent Medicine

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Frederick Spielman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dorothea Knoll

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha M Adair

(Address) 401 E La Fayette Ave

15- Filed FEB 29 1916, 191.. ROGERS . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: February 27th, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 19th, 1916, to February 26th, 1916, that I saw h... alive on February 26th, 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) Clifford A. Meyer M. D.

Feby 28, 1916. (Address) 103 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Feb. 29th, 1916.

20-UNDERTAKER: H. Sauder Sons ADDRESS: 1710 Park Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92714 92714

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 428 S. Eden St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Widinger

(Residence in Baltimore: No. 428 S. Eden St.; yrs., 43 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 24, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Widinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Stratz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Lang

(Address) 428 S. Eden St.

15-Filed FEB 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. W. Jones M. D. (Coroner.)

Feby. 28 1916 (Address) 316 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, March 2 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleasant St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92715 C92715

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Washington ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia M. Loughrey

(Residence in Baltimore: No. 126 S. Washington St.; 53 yrs., 6 mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. (Month) 23 (Day) 1862 (Year)

7-AGE,	If LESS than 1 day,
53 yrs. 6 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Robert Rutledge

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Edline Lawrence

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert A. Loughrey

(Address) 126 S. Washington St.

15- FEB 29 1916 ROBERT . KRAUTER, Registrar.
Filed....., 191.. [illegible] FORM [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1916, to Feb. 27 1916, that I saw h[illegible] alive on Feb. 26 1916, and that death occurred, on the date stated above, at 1045 a.m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Dilatation

.....

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

..... (Duration) about 3 yrs.....mos.....ds.

(Signed) Geo. Heller M. D.

2-26....., 191.. (Address) 1927 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	March 1., 1916.
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Eutaw

C92716

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C92716

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1307 N. Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Schwinsdell

(Residence in Baltimore: No. 1307 N. Washington St. St.; unknown yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mar. (Month) 9 (Day) 1853 (Year)

7-AGE: 62 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Steel Paver for
(b) General nature of industry, business, or establishment in which employed (or employer): U. Railway Co.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Barbara Schwinsdell

(Address) 1307 N. Washington St

15- Filed FEB 29 1916, 191.... ROBERT . KRAUTER Asst. Chief Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to Feb 27, 1916, that I saw him alive on Feb 27, 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 13 ds.

(Signed) John J. Pell M. D.

Feb 28, 1916 [Address] 1936 Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 1 191 6
20-UNDERTAKER	ADDRESS
Frank A. Fink	916 N. Gay St

C92717

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

102 C92717

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2135 Druid Hill Ave St. 14 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jones

(Residence in Baltimore: No. 2135 Druid Hill Ave St.; 41 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	single

6-DATE OF BIRTH: July (Month) 27 (Day), 1874 (Year)

7-AGE: 41 yrs. 7 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Littleton Jones

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sophia Watts

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophia Holmes

(Address) 2135 Druid Hill Ave

15. Filed FEB 29 1916 ROBERT . KRAUTH, REGISTRAR. Burial Permit 04275

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 2 (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2/17, 1916, to 2/27, 1916, that I saw h— alive on 2/26, 1916, and that death occurred, on the date stated above, at 5-30 p.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer with Hematemesis

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Ben R Lutz M. D.

2/28, 1916. (Address) 2135 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb 29, 1916

20-UNDERTAKER: John H. Toadvine — ADDRESS: 1420 Mt Pleasant St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Alex Mead.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92718 79 C92718

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1032 N Lexington St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Mead

(Residence in Baltimore: No. 1032 N Lexington St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Polisher
(b) General nature of industry, business, or establishment in which employed (or employer): 348

9-BIRTHPLACE, (State or Country), Miss

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) May A Dempsey
(Address) 1032 Lexington St

15. FEB 29 1916 Filed ..... 191.. ROBERT J. KRAUTER, Registrar. Official Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Feb~~ Feb 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 29 1916, that I saw h... alive on Feb 29 1916, and that death occurred on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Organic Disease of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W Norwood M. D.

Feb 29, 1916. (Address) 939 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, March 2, 1916.

20-UNDERTAKER John H Swadener | ADDRESS 142 Mosher

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92719

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92719

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 660 W. Saratoga ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Sebukas

(Residence in Baltimore: No. 660 W Saratoga St.; ..... yrs., ... mos. ..... ds.)

life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 13, 1914
(Month) (Day) (Year)

7-AGE, ... 1 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm Sebukas

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Eva Klimowic

13-BIRTHPLACE OF MOTHER (State or Country), Europe —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Sebukas X

(Address) 660 W Saratoga St.

15- FEB 29 1916 ROBERT . BRAUER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 27 1916, that I saw him alive on Feb 27 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Simple Meningitis

Cause Unknown

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo A Strauss Jr. M. D.

Feb 28, 1916 (Address) 1935 W Mortham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	March, 1916
20-UNDERTAKER	ADDRESS
John Eschbiancker	500 S. Pacast

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Daisy Lehman.

092720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

092720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Lehman

(Residence in Baltimore: No. 608 N Herman St; St.; ... yrs. 1 mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown ..... (Month) ..... (Day) ..... 1880 (Year)

7-AGE.	If LESS than 1 day,
36 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Green

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elsie Lines

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) .....

15- Filed FEB 29 1916 ROBERT P. BRADDIX, Registrar. (Official Title.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 28 1916, that I saw h[illegible] alive on Feb 28 1916, and that death occurred, on the date stated above, at 1.25 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Dyspepsia

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Ross M. D.

2/28/16, 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 608 N Herman St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Mar. 2, 1916.

20-UNDERTAKER	ADDRESS
Henry Lutz	1007 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C92721 C92721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1101 Penna ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Wilson

(Residence in Baltimore: No. 1101 Penna ave St.: 35 yrs., ... mos. ..... da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know (Month) (Day), 1868 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Berlin Md

PARENTS.

10-NAME OF FATHER, Cator Shawell

11-BIRTHPLACE OF FATHER (State or Country), Berlin Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Wilson

(Address) 1101 Penn St

15- Filed FEB 29 1916, 191.. ROBERT . KRAUTER, REGISTRATION CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1915, to Feb. 27 1916, that I saw h Ex alive on Feb. 26 1916, and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Gastritis Chronic

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Geo. H. Tompkins M. D.

2-28-, 1916. (Address) 1013 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Berlin Md	Feb 29, 1916.
20-UNDERTAKER	ADDRESS
John H. Owens	1222 Druid

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92722

C92722

CERTIFICATE OF DEATH.

130

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Penrose Latrobe

(Residence in Baltimore: No. 906 N. Charles St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: October 29th, 1843 (Month) (Day) (Year)

7-AGE: 72 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Philadelphia Pa.

PARENTS:

10-NAME OF FATHER: John Rowan Penrose

11-BIRTHPLACE OF FATHER (State or Country): Phila Pa.

12-MAIDEN NAME OF MOTHER: Annamaria Burton

13-BIRTHPLACE OF MOTHER (State or Country): Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sherlock Swann

(Address) 906 N. Charles St.

15-Filed FEB 29 1916, 191.....

ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Feb 27 1916, that I saw her alive on Feb 27 1916, and that death occurred, on the date stated above, at 9p m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Nephritis

..... (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) 2 yrs. mos. 10 ds.

(Signed) Wm Francis Mueller M. D.

Feb 29, 1916. (Address) 606 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Greenmount Cem — DATE OF BURIAL: March 1., 1916

20-UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: Mt Vernon Place

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92723 C92723

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1100 Bond ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Mills

(Residence in Baltimore: No. 1100 Bond St.; 28 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... September ....., 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook (Private)
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid Occupation.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Mills

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hennie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Miller

(Address) 1100 Bond Alley

15- FEB 29 1916 ROBERT J. KRAUTER,
Filed....., 191.... Registrar. Registrar of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24th 1916, to Feb 27th 1916, that I saw her alive on Feb 27th 1916, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. H. Haddock M. D.

Feb 29, 1916 (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Feb. 29, 1916

20-UNDERTAKER Wilbert Brown — ADDRESS 006 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92724 C92724

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Middon

(Residence in Baltimore: No. 263 Colvin St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 2, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jno. Colvin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- FEB 29 1916 Filed, 191 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 21 1916, to Feb 28 1916, that I saw him alive on Feb. 28 1916 and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

(a) Primary Cerebro Spinal Meningitis

(b) Secondary Not Ascertained

(Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Feb. 28 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 263 Colvin St

Former or usual residence 263 Colvin St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Mar 1 1916

20-UNDERTAKER John W Henderson — ADDRESS 317 N Gay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92725

79 C92725 REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 635 S. Patterson Park Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Wiley

(Residence in Baltimore: No. 635 S. Patterson Park Ave St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. (Month) 9 (Day), 1853 (Year)

7-AGE, 62 yrs. 5 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 655

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wm. Wiley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Louisa Phyles

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Wiley

(Address) 635 S. Patterson Park

15- Filed FEB 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7 1916, to Feb. 27 1916, that I saw h.m alive on " 27 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Valvular Dis Heart

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. A. Ulrich M. D.

2/28/16, 191... (Address) 4 S. Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel

DATE OF BURIAL, Mch. 2, 1916

20-UNDERTAKER Fiedler & Fiedler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92726 C92726

CERTIFICATE OF DEATH.

6

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Gross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Schlag

(Residence in Baltimore: No. 821 N Gross St.; Lifetime yrs.... mos.... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... June ..... 13 ....., 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Howard H. Schlag

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Rosina Heider

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard H. Schlag

(Address) 821 N. Gross St.

15- FEB 29 1916 ROBERT . KRAUTER
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 29th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to Feb 29 1916, that I saw him alive on 29 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

1. Tabulation Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Disease

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Raphael D. Brown M. D.

2/29, 1916. (Address) 727 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leader Dill Cemetery	March 1, 1916.
20-UNDERTAKER	ADDRESS
Mrs. Mrs. John H. Deufel	811 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92727

CERTIFICATE OF DEATH.

108 C92727

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4 WARD)

2-FULL NAME Thos. W. Welsh

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 528 W. Baltimore St.; 31 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Autumn ....., 1873
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Proprietor Saloon
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " 470

9-BIRTHPLACE, (State or Country), County Galway Ireland

PARENTS.

10-NAME OF FATHER, Dominick Welsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kehoe

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin J. Welsh

(Address) N.E. Cor Guilford Ave & Saratoga

15- Filed FEB 29 1916, 191.. ROBERT . KRAUSE, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23 1916, to Feb. 28 1916, that I saw him alive on Feb. 28 1916, and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Pericarditis (Ulcerative Septic)

Acute (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pyelitis Pneumonia

Chronic (Duration) ... yrs. ... mos. 1½ ds.

(Signed) Edward L. Jones M. D.

Feb. 29, 1916. (Address) 1 W. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 18 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 528 W. Balto. St.

Former or usual residence 522 W. Balto St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, 3/2, 191.6

20-UNDERTAKER Mynnus Means & Fox — ADDRESS 8 or 50 N. Calvert St.

Permission requested To remove to 1810 Brentwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C92728

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Boone ST.; 9 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Joseph B. Niston

(Residence in Baltimore: No. 2008 Boone st

St.: 65 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 15 (Day), 1850. (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 11 mos. 13 ds.	✓ hrs. or ✓ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Superintendent of Painters at J. H. Has[illegible]
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington DC.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Geo. Schamberger

(Address) 2008 Boone St.

15- Filed FEB 29 1916 HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1916, to Feb. 27 1916, that I saw him alive on Feb. 27 1916, and that death occurred, on the date stated above, at 2.05 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis 7 yrs

(Duration) 7 yrs. mos. ds.

(Signed) Louis M. Cushman M. D.

, 191... (Address) 1505 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	March 1, 191 6
20-UNDERTAKER, C. A. Wiedefeld & Co.	ADDRESS Fremont & Pa

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92729

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92729

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1128 Mosher ST.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hornick

(Residence in Baltimore: No. 1128 Mosher St St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 26 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, John Hornick

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Elvie Saurwald

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hornick

(Address) 1128 Mosher St

15- Filed FEB 29 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 28 1916, that I saw h— alive on Feb 29 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal Cummings

(Duration) ....yrs. ....mos. 1 ds.

(Signed) James M Fenton M. D.

Feb 29, 1916 (Address) 7 or E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Ca Cathedral	Mch 1 1916
20-UNDERTAKER	ADDRESS
Robert J Inman	492 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92730

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92730

CERTIFICATE OF DEATH.

132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Cates

(Residence in Baltimore: No. 11 S. Linwood Ave St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	widow

6-DATE OF BIRTH, May (Month) 11 (Day) 1872 (Year)

7-AGE, 43 yrs. 6 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest Schultz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Fannie Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Graham

(Address) 11 S Linwood Ave

15- Filed FEB 29 1916 HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 26 1916, to Feby 27 1916, that I saw her alive on Feby 27 1916, and that death occurred, on the date stated above, at 2.47 P.m.

The CAUSE OF DEATH* was as follows:

Salpingitis ? Pelvic Peritonitis, General Peritonitis — Operation & Drainage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Vinton Chis't M. D.

Feby 27, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 11 S. Linwood Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Mch 1, 1916
20-UNDERTAKER	ADDRESS
H. E. Hughes	1 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Oates

(Residence in Baltimore: No. 11 S Linwood Ave. St.; .....yrs., ...mos. .....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, Or DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, ..., ..., 1.....
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ernest Schultz

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 26 1916, to Feby 27 1916, that I saw her alive on Feby 27 1916, and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

..... Salpingitis ?

.....

.....

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... J. W. Winton Cliff ..... M. D.

Feby 27 191 6 (Address) St. Joseph's Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 11 S. Linwood Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER A. E. Hughes	ADDRESS 172 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92731 C92731

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH University Hospital 22 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Green

(Residence in Baltimore: No. 619 S Sharp St St.; 6 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Unknown (Month) ....., 1893 (Day) (Year)

7-AGE,	If LESS than 1 day,
23 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Dr Wharf
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Trucker

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, H Green

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER M Reynolds

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Green

(Address) 619 S Sharp St

15- Filed FEB 29 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to Feb 26 1916, that I saw h(e) alive on Feb 26 1916, and that death occurred, on the date stated above, at 7 45 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Mutter M. D.

2/26, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 619 S. Sharp St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Washington D C	Mar 2, 1916
20-UNDERTAKER	ADDRESS
J Leon Hall	741 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C92732

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92732

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N Bolton ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry James

(Residence in Baltimore: No. 414 Bolton St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Died

6-DATE OF BIRTH, Unknown, 1856.
(Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Lancaster Co Pa

PARENTS.

10-NAME OF FATHER, Henry Jones

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Henrietta Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Foster Owens

(Address)..... 414 N. Bolton St.

15-
Filed FEB 29 1916, 191...
HARRY O ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to Feb 27 1916, that I saw him alive on Feb 26 1916, and that death occurred, on the date stated above, at 8.5a m.

The CAUSE OF DEATH* was as follows:

Bronchitis Disease
and Asthma
(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchitis Disease
(Duration) ... yrs. ... mos. 14 ds.

(Signed) Dr G W Kessard M. D.
Feb 27, 1916. (Address) 708 Essex Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Mar 1st, 1916
20-UNDERTAKER	ADDRESS
Chas H Bailey	1421 Jefferson St

C92733

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92733

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1119 W Mulberry ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Letoalia A. Graber (Gabe)

(Residence in Baltimore: No. 1119 W. Mulberry St.; 15 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb 10, 1885 (Month) (Day) (Year)

7 AGE: 31 yrs. — mos. 16 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Head Carver
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 4 years ago

9 BIRTHPLACE (State or country): Catonsville Md

PARENTS

10 NAME OF FATHER: John F. Graber

11 BIRTHPLACE OF FATHER (State or country): Catonsville Md

12 MAIDEN NAME OF MOTHER: Anna M Sadler

13 BIRTHPLACE OF MOTHER (State or country): Mt Washington Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna E. Graber

(Address) 1119 W. Mulberry St

15 FEB 29 1916 Filed ..... 191 .....

HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 26 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 4th, 1914, to, Feb 24 1916, that I saw h~~im~~ alive on Feb. 26, 1916, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pulmonary adenitis, Tbc,

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. T. Owens M. D.

Feb 28, 1916 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 1st 1916

20 UNDERTAKER: H. Browning Son — ADDRESS: 517 N. Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92734 — CERTIFICATE OF DEATH — 120 — C92734

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 W Fort Ave ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Luke

(Residence in Baltimore: No. 109 W Fort Ave St.: 52 yrs. 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct 11th, 1863 (Month) (Day) (Year)

7-AGE: 52 yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinest
(b) General nature of industry, business, or establishment in which employed (or employer): Davidson Chemical Works

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Luke

(Address) 109 W. Fort Ave

15 Filed FEB 29 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. 28th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1916, to Feb 28 1916, that I saw h[im] alive on Feb 28d, 1916, and that death occurred, on the date stated above, at 5P m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. 4 mos. 13 ds

Contributory (SECONDARY) Anaemia

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) August Horn M. D.

March 1st, 1916. (Address) 40 E 25th st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 2nd, 1916

20-UNDERTAKER: Wm. Mrs. John H. Teufel — ADDRESS: 801 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92735

CERTIFICATE OF DEATH.

91 C92735

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph V Johnson

(Residence in Baltimore: No. 524 W. Lee St.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 191.. (Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md Balto

PARENTS.

10-NAME OF FATHER, Joseph Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Young.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Johnson

(Address) 524 W. Lee St

15- Filed MAR 1 - 1916, 191.. ROBERT P. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28 1916 to ..... 191.., that I saw him alive on Feb 28 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 4 mos. 5 Da.

CONTRIBUTORY (Secondary) b.

(Duration) yrs. mos. ds.

(Signed) E. A. Kaase M. D.

Feb 29, 191.6 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct

DATE OF BURIAL, March 1st, 1916.

20-UNDERTAKER S. E. Brown & Son

ADDRESS 108 N. Monty

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92736 *64 C92736

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Epstein

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 9th, 1857.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 8 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant. 677
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, do not know

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), France.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Frank

(Address) Johns Hopkins Hospital

15- Filed MAR 1 - 1916, 191.... ROBERT . KRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1916 191.... to March 1, 1916, that I saw h/m alive on Mar. 1, 1916 191, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Hypertension

(Apoplexy (Left Hemiplegia)) following

Stated to have occurred 2 days ago (Duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlarged Prostate Fibroid Calculus

(Duration) about 1 yrs. mos. ds.

(Signed) William Frank M. D.

March, 191.6 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. 7 ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence New York City

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New York City N.Y.	March 4, 1916.
20-UNDERTAKER	ADDRESS
Henry W Jenkins Sons Co	Mulberry & Orchard

C92737

HEALTH DEPARTMENT—CITY OF BALTIMORE

109

C92737

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 659 Bradley street, ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Taylor,

(Residence in Baltimore: No. 659 Bradley street, St.; yrs., 1 mos. 7 ds.)

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 21st (Day), 1916. (Year)

7-AGE,	If LESS than 1 day.
0 yrs. 1 mos. 7 ds.	....hrs. or.....mia.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER Spencer Taylor,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Mary Moss,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Spencer Taylor, father,

(Address) 659 Bradley street,

MAR 1 - 1916 ROBERT . KRAUTER,
Filed..... — 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 28th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Umbilical hernia cum Dermatitis herpetiformis. (Cause unknown)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D.
(Coroner.)

Feb. 29th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Mar 1 1916
20-UNDERTAKER	ADDRESS
Geo H. Holland	Robert St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92738 — +30 C92738

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Goode

(Residence in Baltimore: No. Provident Hospital St.; yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept (Month) 3 (Day) 1912 (Year)

7-AGE: 3 yrs. 5 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Lutherville Md

PARENTS

10-NAME OF FATHER: Sully Goode

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lela Buchanan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sully Goode

(Address) Lutherville Md

15- Filed MAR 1 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 28 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21, 1916, to, Feb 28 1916, that I saw h[im] alive on Feb 27 1916, and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Cerbro-Spinal meningitis

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. McCard M. D.

Feb 28 1916 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 7 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Lutherville Md.

Former or usual residence Lutherville Md.

19-PLACE OF BURIAL OR REMOVAL: Laurel Bottom Cemetery Md — DATE OF BURIAL: 3/1 ..., 1916

20-UNDERTAKER: Samuel L Kennedy — ADDRESS: 5781/2 Pride St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 C92739

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 701 W. Fayette ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lecrey Thylas

(Residence in Baltimore: No. 701 W Fayette St.: 16 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: About (Month) (Day) (Year)

7-AGE: 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Peter Barner

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William J. Taylor

(Address) 701 W. Fayette St.

15. MAR 1 - 1916 ROBERT . KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 27-16, 1916, to Feb 29 1916, that I saw h[illegible] alive on Feb 28, 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis Gdiopathic, Was not Puerperal nas Traumatic (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. Van Williams M. D.

Feb 29 1916 (Address) 601 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: ~~Feb.~~ March 1916

20-UNDERTAKER: H P M. D. Glynn

ADDRESS: 1452 Light St.

Spec.—5-19-13—M. & T.—500 Bks.

Martha M. Strecker

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92740

CERTIFICATE OF DEATH.

91 C92740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Light St. ST.; 24 WARD) REGISTERED NO. C

2-FULL NAME Martha Maria Strecker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1431 Light St. St.; ...yrs., 9 mos. 25 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1915 (Year)

7-AGE. ...yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas. Strecker

11-BIRTHPLACE OF FATHER (State or Country), Wisconsin

12-MAIDEN NAME OF MOTHER Amelia Kolhoff

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Strecker

(Address) 1431 Light St.

15- Filed MAR 1 - 1916, 191... ROBERT . KRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1916, to Feb. 28 1916, that I saw h.. alive on Feb. 27 1916, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Right Ventricular failure

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) ...yrs. ...mos. 10 ds.

(Signed) J. H. Hawkins M. D.

2-28, 1916 (Address) 1 E Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	March 1. 1916.
20-UNDERTAKER L. P. M. A. Flynn	ADDRESS 1445 Light St.

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92741 C92741

CERTIFICATE OF DEATH.

167

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Smith

(Residence in Baltimore: No. 6 E. Church St. St.; 20 yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, [illegible] ....., 1 .....
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Albert Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Myria Groat

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith (brother)

(Address) 1002 S. Eutaw St.

15- MAR 1 - 1916 ROBERT . KRAUER, Burial Permit Clerk
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~he~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Burns of body
Dress caught fire from stove

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) H. H. Kleinberg M. D.
(Coroner.)

Feb 28, 1916. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

6 E. Church St.

Former or usual residence 6 E. Church St.

19-PLACE OF BURIAL OR REMOVAL, Calvert Co Md — DATE OF BURIAL, [illegible], 1916

20-UNDERTAKER Wm H Hooper — ADDRESS 609 W. Lombard

C92742 HEALTH DEPARTMENT—CITY OF BALTIMORE C92742

CERTIFICATE OF DEATH.

130

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Sarah Anne ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Atkins

(Residence in Baltimore: No. 713 Sarah Anne St.; yrs. unknown mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Wash D.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Owens

(Address) 318 Myrtle Ave.

15- MAR 1 - 1916 ROBERT . KRAUTER, Filed ....., 191.. BURIAL PERMIT Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Feb 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said. Y (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Feb 29th 1916. (Address) 242 W. 7th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dayer's Cemetery, Wash. D.C.	March 2, 1916

20-UNDERTAKER	ADDRESS
Walter Owens	318 Myrtle Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92743 120 C92743

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 679 Clement St.; 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Hoomer

(Residence in Baltimore: No. 679 Clement St.; 43 yrs., 1 mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 20 (Day), 1873 (Year)

7-AGE, 43 yrs. 1 mos. 9 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can Maker 38
(b) General nature of industry, business, or establishment in which employed (or employer): American Can Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Hoomer

11-BIRTHPLACE OF FATHER (State or Country), Pittsburg Pa

12-MAIDEN NAME OF MOTHER Kathrcine Klase

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hattie Hoomer
(Address) 679 Clement St.

15- Filed MAR 1 - 1916 ROBERT , KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 29 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Feb 29 1916, that I saw him alive on Feb 29 1916, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. da.

(Signed) Jas A Downes M. D.

Feb 29 1916. (Address) 107 E Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Mar. 2, 1916.
20-UNDERTAKER Wm Cook	ADDRESS 520 E Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C92744

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Bellevue St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Virginia A McCarthy

(Residence in Baltimore: No. 4002 Bellevue St.; 50 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Widow

6-DATE OF BIRTH, Dec 30, 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas H Jones.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A Selby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Virginia McCarthy

(Address) 4002 Bellevue St.

15- Filed MAR 1 - 1916, 191.... ROBERT J. KRAJIES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 28, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to Feb 28 1916, that I saw h.. alive on Feb 28 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Caption Bronchitis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. F. Hayden M. D.

Feb 29, 1916. (Address) 1711 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Mar 2, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 C92745

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1905 W. Saratoga st ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen L Pletzer

(Residence in Baltimore: No. 827 Ashley St. St.; 24 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Oct - 17, 1874 (Month) (Day) (Year)

7-AGE, 41 yrs. 4 mos. 17 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto - Md -

PARENTS.

10-NAME OF FATHER, Elijah R Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Lena C Rosenbush

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen L Pletzer

(Address) 1905 W Saratoga

15- MAR 1 - 1916 Filed ..... 191.....

ROBERT . KRAUTER, VITAL STATISTICS CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb - 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec - 15 1915, to Feb - 29 1916, that I saw h.. alive on Feb - 29 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilitation of Heart

(Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) Ovarian Cyst

(Duration) .... yrs. 4 mos. .... ds.

(Signed) Marion W Stout M. D.

Mch - 1 - 1916. (Address) 806 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. — DATE OF BURIAL, Mch 3, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 503 E Monument

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Fannie Folkoff.

C92746 C92746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Folkoff

(Residence in Baltimore: No. 208 S. Patterson Park Ave St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Jan (Month) 15 (Day), 1899 (Year)

7-AGE.	If LESS than 1 day,
17 yrs. 1 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): Girl

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Samuel H Folkoff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva Chajansky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1419 E Balto St

15- MAR 1 - 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 4 1916, to February 29 1916, that I saw her alive on February 29 1916, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency, Mitral Stenosis, Empyaphalax, Chronic endocarditis

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Marcus Ottenberg M. D.

2/29, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 25 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 208 S. Patterson Park Ave

Former or usual residence 208 S Patterson Park Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 3/1st, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1419 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C92747

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92747

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Remington ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gittinger

(Residence in Baltimore: No. 2817 Remington St.: ....yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 2 (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Caspy Gittinger

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lilly Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caspy Gittinger

(Address) 2817 Remington Ave

15- MAR 1 - 1916 ROBERT J. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 2 (Month) 29 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 27 1916, to Feb 29 1916, that I saw h[illegible] alive on Feb 29 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Garland Abercrombie M. D.

Mch 1, 1916 (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, March 1, 1916

20-UNDERTAKER Jno. H. Otterbein

ADDRESS Woodlawn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92748 C92748

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Douglas

(Residence in Baltimore: No. 1909 McCulloh St.; 15 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, ... — (Month) — (Day) 1877 (Year)

7-AGE, 39 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter — 866
(b) General nature of industry, business, or establishment in which employed (or employer): Exp. Phone Bldg

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Richard Douglas

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Nancy Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Douglas

(Address) 1706 Morton St

15- Filed MAR 1 - 1916, 191... ROBERT A. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jly 29th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 26th 1916, to Jly 29th 1916, that I saw h... alive on Jly 28th 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

1. .....
2. .....
3. Pulmonary Tuberculosis (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis and Cardiac Failure (Duration) — yrs. 2 mos. — ds.

(Signed) Edward E. Gallagher M. D.

Jly 29, 1916. (Address) 1229 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Pittsburgh Pa Cobham Station Va DATE OF BURIAL, 2 Mar, 191 6

20-UNDERTAKER Farmer & Wright ADDRESS 634 Main

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92749 C92749

CERTIFICATE OF DEATH.

151 REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gruver

(Residence in Baltimore: No. 2749 Edmondson Ave St.; ..... yrs. ..... mos. 14 hours ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 29 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 16 hrs. ds. If LESS than 1 day, 16 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 4

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Geo. H. Gruver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edna Lappe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Gruver

(Address) 2749 Edmondson Ave

15- MAR 1 - 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1916, to March 1 1916, that I saw h[illegible] alive on March 1 1916, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

16 hours (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold D. Jones M. D.

March 1, 1916. (Address) Mercy Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2749 Edmondson Ave

Former or usual residence 2749 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	March 1, 1916
20-UNDERTAKER	ADDRESS
P. P. M. J. Flynn	1422 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

Margaret J. Steele

C92750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C92750

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Mulberry ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Steele

(Residence in Baltimore: No. 504 W. Mulberry St.; 72 yrs., 9 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 15 (Month) (Day), 1843 (Year)

7-AGE, 72 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Cyrus Smith.

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Jane Hanna

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. W. Hunter

(Address) 504 W. Mulberry St.

15- MAR 1 1916 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 29th 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1916, to Feb. 29th 1916, that I saw h.. alive on Feb 28th 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Hunter M. D.

3/6/, 1916 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Springfield Cemetery Lyndsville Md | DATE OF BURIAL, March 7 1916

20-UNDERTAKER W M Rountree | ADDRESS 230 N Gay

C92751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92751

19

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 812 E. Pratt ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Mayer (Mayer)

(Residence in Baltimore: No. 812 E. Pratt St.; 48 yrs. ~~11~~ mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, Unknown (Month) (Day) 1868 (Year)

7-AGE,	If LESS than 1 day,
....yrs.....mos.....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retail Coal & Wood
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer 653

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F. Mayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Mayer

(Address) 609 East St.

15- Filed MAR 1 - 1916, 191.... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 28th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) W. H. Jones M. D.
(Coroner.)

Feb 29th, 1916 (Address) 816 East St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	Mar 2, 1916

20-UNDERTAKER	ADDRESS
Philip Herwig	2016 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92752

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C92752

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1937 Canton Ave. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Szymski

(Residence in Baltimore: No. 1937 Canton Ave. St.; ....yrs., 3 mos. 20 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 10 (Day), 1915 (Year)

7-AGE, ...yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Wawrzyniec Szymski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Walerya Kozlowska

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walerya x Szymski

(Address).....

15-
Filed MAR 1 - 1916, 191.. HARRY O. ANDERS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to March 1, 1916, that I saw h[er] alive on March 1, 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Latent Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. ....mos. 7 ds.

(Signed) W. [illegible] M. D.

March 1, 1916. (Address) 2300 Oakley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar. 2, 1916.

20-UNDERTAKER W. T. Jaworski ADDRESS 1618 Eastern Ave.

C92753

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92753

CERTIFICATE OF DEATH.

157

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1810 Mc Henry ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Mitchell

(Residence in Baltimore: No. 1810 Mc Henry St.; yrs. 50 mos. two ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 6th (Day), 1849 (Year)

7-AGE, 66 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Bernard Lanahan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Daly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Ball

(Address) 1810 Mc Henry St.

15-
Filed MAR 1 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 29th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hanging Suicide

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Samuel Hemsley M. D.
(Coroner.)

March 1st 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	Mch 2, 1916
20-UNDERTAKER	ADDRESS
J. P. Cook	1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92754 C92754

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 1634 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Faulk

(Residence in Baltimore: No. 1634 Division St.; 16 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 66 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Mandel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Faulk

(Address) 1634 Division st.

15-Filed MAR 1 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1916, to March 1 1916, that I saw her alive on Feb 29 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

(Cardiac) Mitral valve disease
Myocarditis
Arteriosclerosis
(Duration) ? yrs. — mos. — ds.

CONTRIBUTORY (Secondary)
Bronchopneumonia (Duration) about 7 yrs. — mos. — ds.

(Signed) Frank R. Smith M. D.

March 1., 1916. (Address) 112 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Return Rosedale Cem. DATE OF BURIAL, March 1, 1916

20-UNDERTAKER L. Linser & Son ADDRESS 1107 E. Balto St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92755 HEALTH DEPARTMENT—CITY OF BALTIMORE C92755

CERTIFICATE OF DEATH. 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N Lombard ST.; 19 WARD) REGISTERED No. C

2-FULL NAME Josephine Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1309 N Lombard St St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... Aug. (Month) 13 (Day), 1839 (Year)

7-AGE, 76 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Board
(b) General nature of industry, business, or establishment in which employed (or employer): Work at home

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER, John Roberts

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nancy MacFarland

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Deacon

(Address) 1309 N Lombard St

15-

MAR 1 - 1916

Mar....., 191.... Burial Permit Oler's

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1915, to Feb 25 1916, that I saw h-r alive on Feb 27 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) - yrs. - mos. 2 ds.

(Signed) J. B. Bond M. D.

2-28, 191.6. (Address) 1302 N Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Mt Royal Va — DATE OF BURIAL, Mar 1, 1916.

20-UNDERTAKER, D F Kretchmer & Sons — ADDRESS Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

29 Feby.

C92756

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92756

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 E. Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia McFadden

(Residence in Baltimore: No. 1722 E. Eager St.; 1 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept. 11 (Month) (Day), 1840 (Year)

7-AGE, 75 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles McFadden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Wiles

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah Grayton

(Address) 1722 E. Eager

15- Filed MAR 1 - 1916 HARRY O. ANDREWS, Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 – 1916, to Feb. 29 – 1916, that I saw her alive on February 28 – 1916, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Right hemiplegia due to hemorrhage (Apoplexy)

(Duration) — yrs. — mos. 5 hrs. ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby, M. D.

Feb. 29, 1916. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Run Cem. Harford Co. DATE OF BURIAL, Mar. 2, 1916.

20-UNDERTAKER Wm. Cook & Son ADDRESS 502 E. North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92757 6 C92757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 Hudson ST.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Green

(Residence in Baltimore: No. 2939 Hudson St.; yrs., 11 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 16 (Day), 1915 (Year)

7-AGE, — yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, John B. Green

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Louisa Bierman

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Green

(Address) 2939 Hudson St.

15- Filed MAR 1 - 1916, 191.. HARRY O. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 1 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 29 191 6 to Mar 1 191 6, that I saw her alive on Feb 29 191 6, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) H. B. Sutton M. D.

Mar 1, 191 6 (Address) 3035 Odonnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Cemetery

DATE OF BURIAL, Mch 2, 191 6

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1919

C92758

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 127 Hamilton ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Tyler

(Residence in Baltimore: No. 127 Hamilton St.: 6 yrs. 5 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Black	Single

6-DATE OF BIRTH: Sept (Month) 27 (Day), 1909 (Year)

7-AGE: 6 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: Wm Tyler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Bessie Tyler

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie Tyler

(Address) 127 Hamilton St

MAR 1 - 1916 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1916, to July 29 1916, that I saw h[illegible] alive on July 28, 1916, and that death occurred, on the date stated above, at 2 p. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) Unknown

..... (Duration) ..... yrs. ..... mos. 17 ds.

(Signed) H. Schmidt M. D.

July 29, 1916 (Address) 528 Hamilton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Md | DATE OF BURIAL: Mch 2, 1916

20-UNDERTAKER: S. L. Bromwell | ADDRESS: 108 W. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

C92759

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92759

151

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Lloyd

(Residence in Baltimore: No. 121 Scott St St.; ..... yrs., ... mos. 12 hrs. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	single

6-DATE OF BIRTH, Feb (Month) 27 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 12 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Lloyd

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Emma Hecker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Lloyd

(Address) 121 Scott St

15- Filed MAR 1 - 1916, 191.....

HARRY O. ARENDS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1916, to Feb 27 1916, that I saw him alive on Feb 27 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Krantz M. D.

Feb 27, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	Mar 2, 1916
20-UNDERTAKER John J Cowan & Son	ADDRESS 901 Hollins St

692760 HEALTH DEPARTMENT—CITY OF BALTIMORE 692760

153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No.) Hebrew Hospital ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena Lehman

(Residence in Baltimore: No. 811 N. Kenwood Ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female | 4-COLOR OR RACE: white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept. (Month) 5th (Day), 1887 (Year)

7-AGE, 28 yrs. 6 mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ansel D Lehman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Esther Hirsch

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Selma Lehman

(Address) 1729 Madison Ave

15- MAR 1 - 1916 811 N Kenwood.

Filed ....., 191.. ROBERT . KRAETER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Nephritis caused by Bichloride of Mercury poison taken with Suicidal intent (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Edema of the Lungs (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. H. Sloan M. D. (Coroner.)

March 2, 1916. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at 811 N. Kenwood Ave

Former or usual residence 811 N. Kenwood Ave

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Friendship Cem. | DATE OF BURIAL, 3/3, 1916

20-UNDERTAKER, David Dondkin | ADDRESS 118 W Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C92760

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92760

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospitale ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena Lehman

(Residence in Baltimore: No. 811 N. Kenwood ~~ste~~ Ave. St.; Lifetime yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female.	White	single.

6-DATE OF BIRTH, Sept. (Month) 5th. (Day), 1887. (Year)

7-AGE, 28 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... Seamstress,
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Ansel B.Lehman,

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Esther Hirsch,

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.B.Lehman,

(Address) 811 N.Keenwood Ave.

15- MAR 1 - 1916 HARRY O. ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 12 1916, to March 1 1916, that I saw h[er] alive on March 1st 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ...yrs...mos. 18 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ...yrs...mos. 1 ds.

(Signed) Marcus Astan M. D.

3/1, 1916 (Address) Hebrew Hospitale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 17 ds. In the State Lifetime yrs. mos. ds.

Where was disease contracted, if not at place of death? 808 N Kenwood Ave

Former or usual residence 808 N. Kenwood Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship, DATE OF BURIAL, Mch. 3rd, 1916

20-UNDERTAKER Ward & Goodheim ADDRESS 18 W.Mt.Ro[y]a

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92761

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

115

C92761

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann General Hospital

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Follmeyer

(Residence in Baltimore: No. 3467 Seneca St.: 17 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: March 31, 1856 (Month) (Day) (Year)

7-AGE: 59 yrs. 10 mos. 28 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Born

11-BIRTHPLACE OF FATHER (State or country): Unknow

12-MAIDEN NAME OF MOTHER: Unknow

13-BIRTHPLACE OF MOTHER (State or country): Unknow

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Admar Follmeyer

(Address) 3467 Seneca St

15- MAR 1 - 1916 Filed ..., 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 28, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1916, to Feb 28 1916, that I saw h.. alive on Feb 28, 1916, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ... yrs. ... mos. 1 ds

Contributory (SECONDARY) Ruptured Gall Bladder

(Duration) ... yrs. ... 4 ds.

(Signed) A. J. Davis M. D.

Feb 28, 1916 (Address) 800 N 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. 1 ds. In the State 17 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 3467 Seneca St

19-PLACE OF BURIAL OR REMOVAL: Holly Redeemer — DATE OF BURIAL: March 2, 1916

20-UNDERTAKER: Ehrenwerth & Son — ADDRESS: Eutaw St

MARGIN RESERVED FOR FINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92762

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92762

CERTIFICATE OF DEATH.

REGISTERED NO. C 71

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Forrest

(Residence in Baltimore: No. 120 Dolphin St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feby 28, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Harry Forrest Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bessie Nash

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Nash

(Address) 120 N. Dolphin St.

15- Filed MAR 1 - 1916, 191.... Registrar. BUREAU OF ANALYSES Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 29th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29th 1916, to Feb. 29th 1916, that I saw her alive on Feb. 29th 1916, and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Probably, History

Intermittents (Duration) ....yrs. ....mos. 3 ds.

(Signed) Frank E. Shipley M. D.

Feb 29, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 30 days. State ....yrs. 9 mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 120 Dolphin St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Mar 2, 1916

20-UNDERTAKER Samuel Kennedy

ADDRESS 578 N. Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C92763

CERTIFICATE OF DEATH.

150

C92763

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Lenox Av. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Roden Lucas

(Residence in Baltimore: No. 2201 Lenox Av St.; ...yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 17, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 12 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Hubert Lucas

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Emma Roden

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hubert Lucas

(Address) 2201 Lenox Ave

15- MAR 1 = 1916
Filed....., 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to Feb 29 1916, that I saw him alive on Feb 29 1916, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Immediate)
(Duration) ...yrs. ...mos. 12 ds.

CONTRIBUTORY
(Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) Alma B Lemmon M. D.

Mch 1, 1916. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Mch 2, 1916.
20-UNDERTAKER	ADDRESS
H. E. Hughes	17 S. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92764

CERTIFICATE OF DEATH.

92 C92764

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Emrich

(Residence in Baltimore: No. 1009 Rutland Ave St.; 44 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 25, (Month) (Day) 1846 (Year)

7-AGE, 70 yrs. ..... mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) ....211....

9-BIRTHPLACE, (State or Country), Ballo, Md

PARENTS.

10-NAME OF FATHER, Conrad Emrich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Wasser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Emrich

(Address) 1009 Rutland Ave

15- Filed MAR 2 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1916, to March 1, 1916, that I saw h.. alive on March 1, 1916, and that death occurred, on the date stated above, at 5-45 p.m.

The CAUSE OF DEATH* was as followa:

Perirectal Abscess

Gangrenous Perineum

..... (Duration) ..... yrs. — mos. 1/2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia; Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Wm R. Stamper M. D.

3/1/16, 191.. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 10 ds. In the State 70 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1009 Rutland Ave

Former or usual residence 1009 Rutland Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't. DATE OF BURIAL, Mar 4, 1916.

20-UNDERTAKER Robert S. Turner ADDRESS 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92765 C92765

CERTIFICATE OF DEATH.

18

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Dallas ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bauer Jr.

(Residence in Baltimore: No. 114 N. Dallas St.; 59 yrs., 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 27, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocers Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Butcher 165

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Bauer Sr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Schutz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia L. Bauer

(Address) 114 N. Dallas St

15- Filed MAR 2 - 1916, 191... ROBERT . KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Mar 1st 1916, that I saw h[im] alive on Feb 29th 1916, and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows:

Erysipelas of Leg

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Septicaemia

..... (Duration) ... yrs. ... mos. 6 ds.

(Signed) L. L. Brantbaum M. D.

Mar 2, 191.. (Address) 711 S Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, March 4, 191.6

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92766 C92766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Castle ST.; W WARD) REGISTERED No. C

2-FULL NAME Ellis O Seheroff

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 216 S Castle St St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Dec 2, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Harry O Seheroff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Cooperenuck

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balto St

15-MAR 2 - 1916 ROBERT . KRAUTER,
Filed ..., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28th 1916, to March 1 1916, that I saw h[illegible] alive on March 1 1916, and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Lobar
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Rickets
(Duration) yrs. mos. 1 ds.

(Signed) Edward Hilldrup M. D.
March 2, 1916 (Address) 216 S Castle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	March 3, 1916
20-UNDERTAKER Jack Lewis	ADDRESS 1419 E Balto

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92767 C92767

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1100 E Fairmount ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane E. Burgess

(Residence in Baltimore: No. 1100 E Fairmount St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 2, 1895
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
yrs. mos. 21 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fredrick Burgess

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary J. E. Schumacher

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theo. & Mary Burgess

(Address) 1102 E Fairmount

15- FILED MAR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to March 1 1916, that I saw h.r alive on March 1 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 21 ds.

(Signed) J. M. Lawrence M. D.

March 1, 1916. (Address) 22 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
LOUDON PARK	MAR 2 1916
20-UNDERTAKER ARMSTRONG-DENNY CO.	ADDRESS 215 Light

Spec.—8-24-14—M. & T.—2000 Bks.

C92768

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92768

CERTIFICATE OF DEATH.

29

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E North ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie R. Brandau

(Residence in Baltimore: No. 700 E North ave St.; 43 yrs., 8 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 3rd (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
43 yrs. 8 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles E Steer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Rosella Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Brandau

(Address) 700 E. North ave

15- MAR 2 - 1916 Filed....., - 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 29 1916, that I saw her alive on Feb 29 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. 3 mos. ds.

(Signed) Wm F. Watson M. D.

Feb. 29, 1916 (Address) 2128 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Mar. 2nd, 1916
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92769 C92769

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Laws

(Residence in Baltimore: No. 923 McDonough St.; ....yrs....mos....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, February 26, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edgar Laws

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ruby Shields

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sherwood Jr.

(Address) M.D.

15- MAR 2 - 1916 ROBERT P. BRAUER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Feb 27 1916, that I saw her alive on Feb 27 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Birth Injury - Cerebral Hemorrhage

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) John Sherwood Jr., M. D.

Feb 28, 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	MAR 1 - 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

8X

FOR ANATOMICAL PURPOSES.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92770

28

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 759 W. Fayette St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Lazenby Hopkins

(Residence in Baltimore: No. 759 W. Fayette St.: 11 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED WIDOWED~~ OR DIVORCED (Write the word): Divorced

6 DATE OF BIRTH: July 18, 1878 (Month) (Day) (Year)

7 AGE: 37 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter (House) 37 8
(b) General nature of industry, business, or establishment in which employed (or employer): own Business

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: George Hopkins

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ruby Malbone

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie C Hawkins

(Address) 759 W Fayette

15. Filed MAR 2 – 1916 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1916, to March 1 1916, that I saw him alive on March 1, 1916, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gary Glasgow M. D.

March 2, 1916. (Address) 2687 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Mar 4, 1916
20 UNDERTAKER	**ADDRESS**
Wilbur H Shriver	1018 Edmonson Ave

C52771

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C52771

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Robert Street ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME William L Busch

(Residence in Baltimore: No. 1840 E Chase St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 7th, 1854
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs. 9 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman Milliner 66
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Geo W Busch

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Busch

(Address) 1840 E Chase

15- ROBERT . KRAUTER,
Fee 9161 - 6 U.V.M. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. J. Kaufman M. D.
(Coroner.)
May 1st, 1916. (Address) 18 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?
1840 E. Chase St.

Former or usual residence 1840 E. Chase St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Holy Cross	May 2nd 16
20-UNDERTAKER	ADDRESS
Geo. M. Fink	811 N. Howard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

092772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 092772

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1765 Carlisle Place ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margrett Bagley

(Residence in Baltimore: No. 1765 Carlisle Place St.; 9th yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1913.

7-AGE,	If LESS than 1 day,
3 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Bagley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Hannie Booker

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Bagley

(Address) 1765 Carlisle Place

15- Filed MAR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 22 1916, to March 1 1916, that I saw h[illegible] alive on Feb 29 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

I. (a) Pleo-Colitis

(b)

II. (a)

(b)

I.C. Days (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Congenital Debility

Life (Duration) yrs. 1 mos. ds.

(Signed) Edward Dorsey M. D.

Mch 1 191.6. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem.	March 3rd, 191.6
20-UNDERTAKER	**ADDRESS**
Mrs J. G. Locke	1302 Jefferson St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92773

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92773

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 325 E. 25th St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Warmuth

(Residence in Baltimore: No. 4413 Pimlico Road St.; yrs., Life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 1966 (Day), 1880 (Year)

7-AGE, 35 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builder & Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Michael Warmuth

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Louise Pohleder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Warmuth

(Address) 206 N. Potomac

15- FILED MAR 2 - 1916 ROBERT . KRAUTER, Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall from top of house

Broken Neck (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry C. Hagar M. D.
(Coroner.)

March 2, 1916 (Address) 3646 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, March 3, 1916

20-UNDERTAKER Chas E Franck

ADDRESS 802 Madison

Spec.—5-19-13—M. & T.—500 Blks.

C92774

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C92774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Harlem ave. ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Baer

(Residence in Baltimore: No. 2822 Harlem St.; 57 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Aug 11 (Month) (Day), 1848 (Year)

7-AGE, 67 yrs. 6 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Klein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Stagel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Baer

(Address) 2822 Harlem ave

15- MAR 2 - 1916 Filed....., 191. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Feb 29 1916, that I saw her alive on Feb 29 1916, and that death occurred, on the date stated above, at 720 a. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Interstitial Nephritis

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) yrs. mos. 3 ds.

(Signed) C. Harry O. Byrd M. D.

Mar 2, 1916. (Address) 602 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Mar 4, 1916

20-UNDERTAKER Geo. Huber's Son

ADDRESS 2508 Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92775 64 C92775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1217 Hollbrook ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Ryan

(Residence in Baltimore: No. 1217 Holbrook St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, Jan 1— (Month) (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): City 707

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Ryan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Cath. Becket

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ryan

(Address) 1217 Holbrook St.

15- Filed MAR 2 - 1916 HARRY O. ANDREWS, Burial Permit Off'r Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19th 1915, to Mar 1st 1916, that I saw him alive on Feb 25th 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia (Thrombosis)

Mitral Stenosis

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 1 ds.

(Signed) E. M. C. Parker M. D.

Mar 1st, 1916. (Address) 1057 August St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 3, 1916

20-UNDERTAKER H. C. Windefeld — ADDRESS 914 Gramont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

C92776

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92776

1 PLACE OF DEATH — REGISTERED NO. C 79

CITY OF BALTIMORE: (No. 2323 Maryland Ave. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. Stack

(Residence in Baltimore: No. 2323 Maryland Ave., St. —, yrs. 5 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: January 6, 1867 (Month), 1 (Day), (Year)

7-AGE: 49 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Designer of Gas & Electric Fixtures
(b) General nature of industry, business, or establishment in which employed (or employer): 760

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: John Stack

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Kelly

13-BIRTHPLACE OF MOTHER (State or country): Harford, Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Kate G. Stack

(Address) 2323 Maryland Ave.

15- Filed MAR 2 - 1916, 191... MARRY O. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 29 ctg (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 ctg, 1916, to Feb 29 ctg 1916, that I saw h in alive on Feb 29 ctg 1916, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
(Mitral incompetency)

(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY) Acute Nephritis with Uraemia (Duration) yrs. 7 mos. ds.

(Signed), Cecille Stewart M. D.

March 2nd, 1916 [Address] 122 W. 23rd St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs 5 mos ... ds. In the State ... yrs 5 mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: 415 Jefferson Ave. Brooklyn, N. Y.

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 3/3/16, 191...

20-UNDERTAKER: Henry W. Meas & Son — ADDRESS: 805 N. Calvert St.

Spec.—5-19-13—M. & T.—500 Bks.

C92777

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92777

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Bruce ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorsey L. Bond

(Residence in Baltimore: No. 408 N Bruce St.; 9 yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colrd	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1892 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Jas Bond

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Aunt Jones

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H Plummer

(Address) 408 N. Bruce

15- MAR 2 - 1916 MABEL C. ANDREWS,
Filed ..., 19.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feby 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Feby 29 1916, that I saw h[illegible] alive on Feby 29 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

Mar 1, 1916 (Address) 708 N Paulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn Cemetery	Mar 2, 1916.
20-UNDERTAKER Felix B. Dyke	ADDRESS 63 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92778 C92778

CERTIFICATE OF DEATH. 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Augusta St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Crawley

(Residence in Baltimore: No. 1921 Augusta St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, August 25th, 1900
(Month) (Day) (Year)

7-AGE, 15 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Nolaway Co. Blackstone Va.

PARENTS.

10-NAME OF FATHER, Thomas Crawley

11-BIRTHPLACE OF FATHER (State or Country), Nolaway Co. Blackstone Va.

12-MAIDEN NAME OF MOTHER, Mary Davis

13-BIRTHPLACE OF MOTHER (State or Country), Nolaway Co. Blackstone Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Crawley

(Address) 1921 Augusta St.

15- MARY C. ANDREWS, Registrar.
MAR 2 - 1916 191 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1916, to Feb 29 1916, that I saw h— alive on Feb 29 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lung

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) TB

(Duration) yrs. mos. 5 ds.

(Signed) Dr. J. W. Kennard M. D.

Feb 29, 1916. (Address) 708 Easton Rd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Nolaway County Blackstone Va.	Mar 2, 1916.
20-UNDERTAKER Felix B Pyle	ADDRESS 102 E Mulberry

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92779

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92779

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Keyser Sullivan Sanatorium ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L. Ratty

(Residence in Baltimore: No. 805 Guilford Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 27 (Day), 1877 (Year)

7-AGE: 38 yrs. 8 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Manager of
(b) General nature of industry, business, or establishment in which employed (or employer): Billiard Parlor

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: H Ratty

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Mary Boylan

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Ratty

(Address) 805 Guilford Ave

15 MAR 2 - 1916 Filed, 191

HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Febr. (Month) 29th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 25, 1916, to Feby 29 1916, that I saw h[illegible] alive on Feby 29 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Thos. H. Maynes M. D.

3/1, 191[illegible] (Address) 1356 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore City.

Former or usual residence 805 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: March 3, 191[illegible]

20-UNDERTAKER: L. A. Friedfeld & Sons

ADDRESS: 2413 Greenmount Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92780

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92780

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19 N. Frederick ST.: 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis H. Gabler.

(Residence in Baltimore: No. 19 N. Frederick St.; yrs., 2 mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Widower

6-DATE OF BIRTH, —Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 88 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter (Home)
(b) General nature of industry, business, or establishment in which employed (or employer) ..... retired. 218

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER. Charles Gabler.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Minnie Wetzell

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Gabler.

(Address) 610 Crawford St.

15- MAR 2 - 1916 HARRY O. ANDERSON,
Filed ....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute congestion lungs

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Saunders M. D.
(Coroner.)

March 2, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. John's P. E. Cemetery	March 3, 1916
E. G. Rudolph & Co. UNDERTAKER	ADDRESS Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92781

CERTIFICATE OF DEATH.

C92781

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Chaney

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown ....., 18..... (Month) (Day) (Year)

7-AGE, 52 yrs. — mos. — ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Cinda Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. L. Fraker

(Address) Laurel Md

15-

Filed MAR 2 - 1916, 191.....

HARRY O. ANDREWS, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1916, to March 2 1916, that I saw h.. alive on March 2 1916, and that death occurred, on the date stated above, at 5.4. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Hendrickson M. D.

2-2-, 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Laurel Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. | DATE OF BURIAL, Mch 2, 1916

20-UNDERTAKER Geo. Derby | ADDRESS Balto Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92782

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Ellerslie Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Tenkleman

(Residence in Baltimore: No. 3008 Ellerslie Ave St.; 25 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 8, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. - mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James Plummer

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ann Ekernott

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Tibert

(Address) 3008 Ellerslie

15- MAR 2 - 1916 Filed....., 191.. MARK O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March First, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 23 1916 to March 1st 1916, that I saw her alive on Feby 29th 1916, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) S. Tredenick D. Crum M. D.

March 2, 1916. (Address) 2827 Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, March 3 191..

20-UNDERTAKER Robert Bowkus

ADDRESS Calhoun

Spec.—8-24-14—M. & T.—2000 Bks.

C92783 C92783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 120

1-PLACE OF DEATH University Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gardner

(Residence in Baltimore: No. University Hospital St.; ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown, 1858
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gardner

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Christina Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. M. Underwood

(Address) 1610 E. Chase St

MAR 2 - 1916 Filed ....., 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to March 2 1916, that I saw h[illegible] alive on March 2 1916, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(Duration) unknown yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

3/7, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 17 Saint Paul Street Saint Michaels

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, March 4, 1916

20-UNDERTAKER C. M. Underwood — ADDRESS [redacted] 1610 E. Chase St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092784

CERTIFICATE OF DEATH.

x 74

092784

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Morrissette

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 12 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 24, 1877 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. 9 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Glass Blower #39
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fairmont W. Va

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Wm M Morrissette

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary ?

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 2 - 1916 HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 19 1916, to March 2 1916, that I saw h.m alive on March 2 1916, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

Sinusitis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W Eller M. D.

March 3, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 12 ds. In the State ..... yrs. ..... mos. 12 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Fairmont W. Va.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Metz W. Va	March 4, 1916
20-UNDERTAKER	ADDRESS
C.H. Underwood	1610 Eut

C92785

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92785

CERTIFICATE OF DEATH.

50

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 St Paul Place ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Kirwan

(Residence in Baltimore: No. 910 S Decker Ave

St.; yrs., — mos., — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. August 8th, 1854.
(Month) (Day) (Year)

7-AGE. 61 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): R R

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Brown

(Address) 910 S Decker Ave

15- Filed MAR 2 - 1916, 191.. HARRY S. ANDREWS, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Nephritis
Diabetis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. Wm. A. Lucas M. D.
(Coroner.)

Mar. 2nd, 1916. (Address) 15 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. Life mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 910 S Decker Ave

19-PLACE OF BURIAL, OR REMOVAL. Bachmans Cem. DATE OF BURIAL. March 5 19..

20-UNDERTAKER Wm Cook ADDRESS 502 North

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92786 C92786

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Holbrook ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Dean

(Residence in Baltimore: No. 1724 Holbrook St.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Aug (Month) 6 (Day), 1839 (Year)

7-AGE, 76 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): N.C. Rail Road

9-BIRTHPLACE, (State or Country), New York, (State)

PARENTS.

10-NAME OF FATHER, Aaron Dean

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Chloe Roods

13-BIRTHPLACE OF MOTHER (State or Country), N Y

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose F Dean

(Address) 1724 Holbrook St

15- Filed MAR 2 - 1916, 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Mch 1, 1916, that I saw h[illegible] alive on Mch 1st 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Contributory Emphysema

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis

(Duration) yrs. mos. ds.

(Signed) J. Sobieski Brack M. D.

3/1/16 191 6 (Address) 2344 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Mch 3, 1916

20-UNDERTAKER Lowe & Co

ADDRESS 803 E Fayette

1227 N Carrollton Ave

Dr Buck - 29th & St Paul Sts

Spec.—8-24-14—M. & T.—2000 Blks.

C92787

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 24120

CITY OF BALTIMORE: (No. 1033 Riverside Dr. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H Shelley

(Residence in Baltimore: No. 1033 Riverside Ave St.; 62 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 28, 1852
(Month) (Day) (Year)

7-AGE, 79 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John Vealor

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Anna Vealor

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M Shelley

(Address) 1033 Riverside Dr.

15- Filed MAR 2 - 1916, 191. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1916, to March 2 1916, that I saw h[illegible] alive on March 1 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W Smith M. D.

March, 191.4. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Havre de Grace Md — DATE OF BURIAL, March 4 1916.

20-UNDERTAKER Wm Cook L. — ADDRESS 602 Northern

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92788 — 40 — C92788

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 907 E. Fayette St ST.: 5 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Edlowitz

(Residence in Baltimore: No. 907 E. Fayette St St.: 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Unknown, 1856
(Month) (Day) (Year)

7-AGE 60 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Butcher 655
(b) General nature of industry, business, or establishment in which employed (or employer) Own Shop.

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Lewis

(Address) 1419 E. Balto St

15. Filed MAR 3 - 1916 ROBERT P. BRUCE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 2, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov., 1915, to, March 1st 1916, that I saw h.im alive on March 1st 1916, and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Mammae

(1) Carcinoma of Cardiac end of stomach, (2) Mitral regurgitation

(Duration) ..... yrs. 10 mos. ..... ds

Contributory (SECONDARY) acute haemorrhagic Nephritis (Duration) ..... yrs. ..... mos. 10 ds.

(Signed), R. G. Michelson M. D.

March 3, 1916 (Address) 1420 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Harmony Cem	3/3, 1916
20-UNDERTAKER Jack Levi	ADDRESS E. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92789 C92789

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Rosenberg

(Residence in Baltimore: No. 1414 E. Fayette St.; ....yrs. ....mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 19 (Day), 1891 (Year)

7-AGE, ...yrs. 12 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Rosenberg

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Stein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 3 - 1916, 191.. ROBERT J. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 2 1916, that I saw her alive on March 2 1916, and that death occurred, on the date stated above, at 2.55 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

March 2, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 17 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1414 E. Fayette St

19-PLACE OF BURIAL OR REMOVAL Hebrew Rosedale — DATE OF BURIAL, 3/3, 1916

20-UNDERTAKER Jack Levy — ADDRESS 1419 E. Balt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

Mary Borowska.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92790 C92790

79

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Borowska

(Residence in Baltimore: No. 615 S Bradford St.; 29 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1843 (Year)

7-AGE, ... 73 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Darwin Sobus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Borowska. Husband.

(Address) 615 S. Bradford St.

15- MAR 3 - 1916 ROBERT . KRAUTHS,
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 25 1916, to Mar 2 1916, that I saw her alive on March 1st 1916, and that death occurred, on the date stated above, at 5.50 a m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Aortic & mitral Regurgitation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. McEvans M. D.

Mar. 3, 191.6. (Address) 240 N. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Mar. 4th, 191.6.
20-UNDERTAKER	ADDRESS
M. F. Sadowski.	705 S. Ann St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92791 C92791

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 17 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. Bolton Stuart.

(Residence in Baltimore: No. 2724 Guilford Ave. St.: 59 yrs., 5 mos. 5 ds.)

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 27th (Month) (Day), 1856 (Year)

7-AGE, 59 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R.R. Co.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Chas. L. Stuart.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emily M. Jones.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Webster Stuart

(Address) 2724 Guilford Ave

15- Filed MAR 3 - 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 2nd 1916, that I saw him alive on March 2nd 1916, and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurg.

(Duration) yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

March 2, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2724 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL, March 5th, 1916.

20-UNDERTAKER Barnard & Love. ADDRESS 1423 W. Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92792

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92792

10

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 928 N. Eutaw St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Duncan

(Residence in Baltimore: No. 928 N. Eutaw St.; 8 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col-	married

6-DATE OF BIRTH: July (Month) 17 (Day), 1869 (Year)

7-AGE: 46 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Co

9-BIRTHPLACE (State or country): Newark N J.

PARENTS

10-NAME OF FATHER: Robt. T. Duncan

11-BIRTHPLACE OF FATHER (State or country): Newark N J.

12-MAIDEN NAME OF MOTHER: Flora Lee (Flora)

13-BIRTHPLACE OF MOTHER (State or country): Newark N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eudora Duncan

(Address) 928 N. Eutaw St

15- Filed MAR 3 - 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1916, to Feb 29 1916, that I saw him alive on March 1 1916, and that death occurred, on the date stated above, at 2.6, m.

The CAUSE OF DEATH* was as follows:

Grippe

Pleurisy (Duration) — yrs — mos. 15 ds.

Contributory (SECONDARY) Acute Endocarditis (Duration) — yrs — mos. 7 ds.

(Signed), H. C. Pelteheimer M. D.

Mar 2, 1916 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lauel Cemetery	March 4, 1916
20-UNDERTAKER: J. A. Bischoff	ADDRESS: 1107 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

C92793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92793

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Hansen

(Residence in Baltimore: No. 1407 E Eastern Ave. - St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Married

6-DATE OF BIRTH, March (Month) 4 (Day), 1868 (Year)

7-AGE, 47 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Dont Known

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Dont Known

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhemina Hansen

(Address) 1407 Eastern ave

15- MAR 3 - 1916 191 ROBERT . KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 24 1916, to March 1 1916, that I saw h in alive on March 1 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Arthemia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Orem V. Lenhardt M. D.

March 2, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? not known.

Former or usual residence 1407 E Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, Schwartz — DATE OF BURIAL, March 3., 1916.

20-UNDERTAKER Wendell Appold Sons — ADDRESS 378 Pa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C92794

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1814 Dorr ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Plein

(Residence in Baltimore: No. 1814 Dorr St. St.; 1 yrs. 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov. 23, 1914 (Month) (Day) (Year)

7 AGE: 1 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Plein

11 BIRTHPLACE OF FATHER (State or country): France

12 MAIDEN NAME OF MOTHER: Etta Selfe

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Etta Selfe

(Address) 1814 Dorr st

15.

Filed MAR 3 - 1916 19.. ROBERT . GRADLER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1916, to Mar 1 1916, that I saw him alive on Feb 28, 1916, and that death occurred, on the date stated above, at 4.45 P m.
The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
8

(Duration) ..... yrs. ..... mos. 27 ds

Contributory (SECONDARY) Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 27 ds.

(Signed) H M Robinson M. D.

Mar 3, 1916 (Address) 2010 Wilkens ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: March 4, 1916.

20 UNDERTAKER: John J Field — ADDRESS: 1300 W Lombard st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92795 C92795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1824 E Fayette ST.; 2 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Lee

(Residence in Baltimore: No 1824 E Fayette St.; yrs, mos. ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1839 (Year)

7-AGE, 76 yrs. 7 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer. Stationary
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Nathaniel Lee

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Lee

(Address) 1824 E Fayette St

15- MAR 3 - 1916 ROBERT . KRAUTH

Filed....., 191... Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to March 3 1916, that I saw h[illegible] alive on March 2 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 8 ds.

(Signed) C. G. Rumpf M. D.

March 10, 191... (Address) 1200 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Mar. 5, 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 22 N Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

692796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122 C92796

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Chlada

(Residence in Baltimore: No. 19 N. Castle St St.: 35 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH. October (Month) 9 (Day), 1874 (Year)

7-AGE, 41 yrs. 4 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Chlada

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Anthony Gross

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 3 - 1916 ROBERT T. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 23 1916, to March 2 1916, that I saw h[illegible] alive on March 2 1916, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis (bilateral)

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [illegible] M. D.

March 3 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 19 N Castle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Runner Cem	March 6, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 Northern

C92797

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C92797

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2450 W Balto ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Ella M. S. Franz

(Residence in Baltimore: No. 2450 W Balto St.: Lyle Lane yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: May 21, 1880 (Month) (Day) (Year)

7-AGE: 35 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Chas G Franz

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Helena Lafke

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helena Franz

(Address) 2450 W Balto St

15. MAR 3 - 1916 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1916, to, Feb 29 1916, that I saw h[illegible] alive on Feb 29, 1916, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) ..... yrs. 1 mos. 6 ds.

(Signed), Thos A Schaefer M. D.

3-1, 1916. (Address) 2505 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: MAR 3 - 1916

20-UNDERTAKER: Leo. A. Gerber

ADDRESS: Balto & Payson Sts

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Florence J. Beans

C92798

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C92798

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1719 Covington ST. 24, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Idell Beans

(Residence in Baltimore: No. 1719 Covington St.; 10 yrs. 3 mos. ~~4 da.~~)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Sept 16 March ~~6~~ 1873 (Month) (Day) (Year)

7-AGE 42 yrs. 5 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Loudoun Co. Va.

PARENTS

10-NAME OF FATHER Edward Hurst

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Estella Hurst

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles E. Beans

(Address) 1719 Covington

15-MAR 3 - 1916 Filed ....., 191.... ROBERT . FRAZIER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 2, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 26, 1916, to, March 2 1916, that I saw h.. alive on March 2 1916, and that death occurred, on the date stated above, at 7.48 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) Lagrippe

(Duration) ..... yrs ..... mos. 6 ds.

(Signed), A Lamm M. D.

March 2 1916 [Address] 1234 Light

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cem. | DATE OF BURIAL March 4, 1916

20-UNDERTAKER Mrs J. E Evans & Son | ADDRESS 1428 S. Charles St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92799 C92799

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 108

CITY OF BALTIMORE: (No. 1401 Madison Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cassie Belle Shryock

(Residence in Baltimore: No. 1401 Madison Ave. St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: May (Month) 6 (Day) 1865 (Year)

7-AGE: 50 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): N. Y.

PARENTS

10-NAME OF FATHER: James Miller

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Sarah Holmes

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Thos J Shryock

(Address): 1401 Madison Ave

15- MAR 3 - 1916 1916 ROBERT . KRAUTER, REGISTRAR Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2 (Day) 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 28, 1915, to March 2- 1916, that I saw her alive on March 2 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia

(Duration) yrs mos 8 ds.

Contributory (SECONDARY): acute appendicitis

(Duration) yrs mos 1 ds.

(Signed), Henry L. Holmes M. D.

3/3/16, 191 [Address] 714 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos In the U. S. State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: March 5, 1916

20-UNDERTAKER: Edw Waterland & Co — ADDRESS: 1208 W. Fayette St.

Spec.—6-19-13—M. & T.—500 Blks.

C92800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92800

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 N. Calvert ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Virginia Hook.

(Residence in Baltimore: No. 1621 N Calvert St St.; 11 yrs., — mos. — ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) M'g'd

6-DATE OF BIRTH, Sept. 22, 1892
(Month) (Day) (Year)

7-AGE, 23 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Lynchburg Va.

PARENTS.

10-NAME OF FATHER, Wm. A. Hook

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mamie Evans

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. A. Hook

(Address) 1621 N. Calvert

15- Filed MAR 3 - 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1915, to Mch 2 1916, that I saw h[er] alive on Mch 2 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Rheumatism

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(Duration) 6 yrs. mos. ds.

(Signed) J. Nolen M. D.

3/3/16, 191... (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Mch 4. 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1211 W. Fayette.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92801 C92801

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Cedar ave ST.; 12 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice a. Justice

(Residence in Baltimore: No. 3009 Cedar ave St.; 50 yrs., mos. ds)

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 31, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm A Franklin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER alice M. Sibley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Justice

(Address) 3009 Cedar ave

15- Filed MAR 3 - 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to March 1 1916, that I saw h[er] alive on March 1 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

March 2, 1916 (Address) 865 W. 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, March 4 1916

20-UNDERTAKER Chenowith Son — ADDRESS Chestnut ave

C92802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 C92802

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 729 W. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Arnold St. Rosett

(Residence in Baltimore: No. 711 W Fayette St.; 26 yrs., mos., ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown; 1 (Month) (Day) (Year)

7-AGE, 47 yrs. mon. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 770

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Mark Rosett

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. Gross

(Address) Christ St Eastern Ave

15-MAR 3 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Morphia Poisoning (Suicide)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Offer M. D. (Coroner)

Mar 3 1916 (Address) 24 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Benevolent Assn

DATE OF BURIAL, MAR 3 - 1916, 19....

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C92803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C92803

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Burke

(Residence in Baltimore: No. 938 Ensor St.; 36 yrs., 9 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, May (Month) 17th (Day), 1879 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. 9 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... City Water Dept.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward Burke

11-BIRTHPLACE OF FATHER (State or Country). Pa.

12-MAIDEN NAME OF MOTHER Barbara Boone

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Edward Burke

(Address) 938 Ensor St.

15- MAR 3 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1915, to March 1, 1916, that I saw h[illegible] alive on Feby 29, 1916, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pyrexia Symptoms

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Geo. H. Hartman M. D.

March 1, 1916. (Address) 1121 E. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, March 4, 1916

20-UNDERTAKER Henry Storck Son

ADDRESS 1301 E. Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92804

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C92804

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2817 Mosher ST. 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Sloan. 35

(Residence in Baltimore: No. 2817 Mosher St.: 35 yrs. 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married-

6-DATE OF BIRTH: May (Month) 26 (Day), 1880 (Year)

7-AGE: 35 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: not any.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Thos. Armstrong

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Eliz Mc. Coy.

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine M. Ormsby

(Address) 2817 N. Mosher St.

15. FILED MAR 3 - 1916, 191 ROBERT . KRAUTER, CHIEF CLERK Vital Records Office REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1915, to Mar. 1st 1916, that I saw her alive on Mar. 1st, 1916, and that death occurred, on the date stated above, at 7.05P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Dilatation of heart—

(Duration) ..... yrs. ..... mos. 3m ds.

(Signed) J. le Dickson M. D.

Mar. 2, 1916 (Address) 3055 N. Howard ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: March 4, 1916

20-UNDERTAKER: Henry Hoerdt Son — ADDRESS: 131 E Eager St

Sarcoma, etc., less definite; neoplasms); *ular heart dis-* The contribun need not be *ases* (disease *a* (secondary), terminal conerely symptoConvulsions," :), "Dropsy," orrhage," "Ink," "Uræmia," can be ascerliseases result- PUERPERAL *sep-*. State cause ertaken. For and qualify as *probably* such, amples: *Acciin — accident; isoned by car-* of the injury, (e. g., *sepsis*, of "Contribu-

ional informaseases, without

Phlebitis,
Pyaemia,
Septicaemia,
Tetanus,

. Coroner:
negligence pos-
Abortions (if
indirectly due

C. & P. PHONE
WALBROOK 444

I. C. DICKSON, M. D.
3058 W. NORTH AVE.
BALTIMORE, MD.

CONSULTATION HOURS
9-10 A. M.
1-2 P. M.
6-8 P. M.

March 20th 1916.

This is to advise that the age given on the death certifica
of Mrs. May agnes Kean, who died March 1st 1916 was wron
The correct age should be 35 yrs. 9 months and 4 da
She was born May 26th 1880.

Isaac le Dickson.

Baltimore Maryland

Subscribed & Sworn to, before me a Notary Public in and f
Baltimore City, State of Maryland, by the said Dr Isaac L
Dickson.

Cleveland R Beslun
Notary Public

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Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92805

CERTIFICATE OF DEATH.

154 C92805

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W. Patterson Park ave. St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily G. Ralph

(Residence in Baltimore: No. 1926 W. Patterson Park ave St.; 2 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known (Month), (Day), 1 (Year)

7-AGE, About 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, John Cook

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Mary Langtody

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary R. Reid

(Address) 1926 W. Patterson Park Ave.

15- Filed MAR 3 - 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 3 1916, that I saw h.. alive on March 2 1916, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Intussusception 1 day

Shock

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) — yrs. — mos. 6 ds.

(Signed) E. Young Wallbrook M. D.

March 3 1916 (Address) 1605 Gardenhaus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, March 6, 1916

20-UNDERTAKER Henry Hoen & Son — ADDRESS 1307 E. Eager St.

C92806

HEALTH DEPARTMENT--CITY OF BALTIMORE

80

C92806

CERTIFICATE OF DEATH

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 Madison Ave ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lane Taneyhill

(Residence in Baltimore: No. 1103 Madison Ave. St.: 75 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Married

6-DATE OF BIRTH: March (Month) 11th (Day), 1840 (Year)

7-AGE: 75 yrs. 11 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Physician 77D
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Penna -

PARENTS

10-NAME OF FATHER: Thomas Taneyhill

11-BIRTHPLACE OF FATHER (State or country): U.S.A. (md)

12-MAIDEN NAME OF MOTHER: Elizabeth Berryman

13-BIRTHPLACE OF MOTHER (State or country): U.S.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. Law Taneyhill jr

(Address) 1402 Eutaw Place

15. MAR 3 - 1916

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1916, to March 2, 1916
that I saw h— alive on March 1st, 1916
and that death occurred, on the date stated above at 6 a m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris
Arteris - Sclerosis
(Duration) 2 weeks

Contributory (SECONDARY) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Tilley M. D.

3-3, 1916 (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenwood Cemetery Long Island	March 5, 1916
20-UNDERTAKER	ADDRESS
George J. Smith	1000 W. Fayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92807

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C92807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Brunt St. ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavina Taylor

(Residence in Baltimore: No. 1917 Brunt St. St.; yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	Black.	Single

6-DATE OF BIRTH, Feb. (Month) 12 (Day), 1916 (Year)

7-AGE, yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nicholas Taylor

11-BIRTHPLACE OF FATHER (State or Country), City Maryland.

12-MAIDEN NAME OF MOTHER Alice Thorsey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. K. Galvin

(Address) Mercy Hospital

15- FILED MAR 4 - 1916, 191. HARRY O. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12 1916, to Mar. 2 1916, that I saw h[illegible] alive on Mar. 1 1916, and that death occurred, on the date stated above, at 29 m.

The CAUSE OF DEATH* was as follows:

1. Prematurity

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. mos. 19 ds.

(Signed) Edward J. Smith M. D.

Mar. 5, 1916. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Mar. 6 1916.

20-UNDERTAKER George A. Holland ADDRESS 517 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92808

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92808

CERTIFICATE OF DEATH.

REGISTERED No. C 174

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 36 S Frederick St. Pronounced dead Mercy Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Faust.

(Residence in Baltimore: No. 217 N. Talbot Ave St. 36 yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widower

6-DATE OF BIRTH, ~~Month~~ January (Month) 17 (Day), 1856 (Year)

7-AGE, 60 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book-keeper 96
(b) General nature of industry, business, or establishment in which employed (or employer): Baker Mfg Co

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo. Faust.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Johanah Grosberger

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Stumpf

(Address) 217 N. Talbot Ave

15- MAR 4 - 1916

Filed....., 191... BARRY O ...

Burial Permit Delivered

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, ~~autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, ~~autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
accident - Head caught between elevator + door
Immediate
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fracture skull
(Duration) yrs. mos. ds.

(Signed) H. W. Kerkhamber M. D. (Coroner.)
March 3, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem — DATE OF BURIAL, Mar 4, 1916

20-UNDERTAKER J Harvey & E — ADDRESS 2009 Aisquith

Spec.—8-24-14—M. & T.—2000 Blks.

C92809

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92809

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Retreat St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Stonesifer

(Residence in Baltimore: No. 1516 Retreat St. Life time St.: 19 yrs., 3 mos. 12 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Nov. 20, 1896. (Month) (Day) (Year)

7-AGE. 19 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy Packer
(b) General nature of industry, business, or establishment in which employed (or employer): Bloomer Factory

9-BIRTHPLACE, (State or Country). Maryland (City)

PARENTS.

10-NAME OF FATHER. Harry M. Stonesifer

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth Hicks

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elizabeth Hicks

(Address). 1516 Retreat

15- Filed MAR 4 - 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to Mch 1 1916, that I saw h[illegible] alive on Mch 1 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

About (Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. 24 hours mos. ..... ds.

(Signed) O. H. Arnold M. D.

3/3/16, 191... (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemet	Mch 5, 1916.
20-UNDERTAKER	ADDRESS
Wilbur W. Shriver	1018 Edmondson Ave

C92810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C92810

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 602 N Curley ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Laida V. Gaff

(Residence in Baltimore: No. 602 N. Curley St. St.: 28 yrs. 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Sept 17, 1887 (Month) (Day) (Year)

7 AGE: 28 yrs. 5 mos. 12 ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: J Ros Lemon

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Rock

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A Carroll

(Address) 608 N Potomac St

15 MAR 4 - 1916 Filed ..... 191 HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 1, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1916, to Mar 1, 1916, that I saw h[illegible] alive on Feb. 29, 1916, and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Lobar Pneumonia)

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Cardiac + Respiratory Failure

(Duration) yrs. mos. ds.

(Signed) J. A. Hance M. D.

3/1, 1916 (Address) 2939 McElderry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: March 4, 1916

20 UNDERTAKER: Mc Grimes and Carroll

ADDRESS: 608 N Potomac St

Spec.—8-24-14—M. & T.—2000 Bks.

C92811 C92811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annette Myers

(Residence in ~~Baltimore~~: No. University Hospital St.; 6 yrs. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan 8, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Solomon Cornes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah AA Rozzel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Woman's Hosp.

15- Filed MAR 4 - 1916 HARRY O. ROGERS, Registrar. 191.. Burial Permit Order No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to March 2 1916, that I saw h.r alive on March 2 1916, and that death occurred, on the date stated above, at 6:45 P.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) ....yrs. ....mos. 1½ ds.

(Signed) A. S. B. Jones M. D.

March 2, 1916 (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. ~ mos. 14 ds. In the State 63 yrs. 1 mos. 23 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Govans Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 4th, 1916.

20-UNDERTAKER J. H. Lee Jenkins & Co. — ADDRESS Hartsdale Md

McCall Md

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

092812

HEALTH DEPARTMENT—CITY OF BALTIMORE

092812

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E. Baltimore St.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Rinke

(Residence in Baltimore: No. 1715 E Baltimore St.; 62 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 13, 1830
(Month) (Day) (Year)

7-AGE, 85 yrs. 11 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Hagen

(Address) 1715 E Balto St

15- MAR 4 - 1916 HARRY O. ARMSTRONG, Burial Permit Clerk
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 21st, 1916, to March 1st, 1916, that I saw her alive at 9 p.m. March 1st 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Senile Heart
(General Arterio Sclerosis)
(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs, Bronchitis, Pneumonia
(Duration) ..... yrs. 1 mos. 10 ds.

(Signed) Wilmer Stanton M. D.

March 3rd, 191... (Address) Calvert & Fayette Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	March 5th, 1916.
20-UNDERTAKER H. Sauder & Sons	ADDRESS 120 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C92813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92813

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna H. Schnepke

(Residence in Baltimore: No. 510 S. Pattersan Park ave, St. Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 23 (Month) (Day), 1894 (Year)

7-AGE, 21 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Md (Baltimore City)

PARENTS.

10-NAME OF FATHER, Frederick Schnepke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Annie Kohlmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Schnepke

(Address) 510 S. Pattersan Park ave

15- MAR 4 - 1916 Filed....., 191.... HARRY O. ANDREWS, Marial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 3 1916, that I saw her alive on Mar. 2 1916, and that death occurred, on the date stated above, at 7a, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. F. Imary M. D.

3/3, 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 510 S Pattersan park ave

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, March 5, 1916

20-UNDERTAKER, A. Sander & Sons

ADDRESS 1710 Eutaw St

C92814

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92814

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE (No. 23 East Church St. 22 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cephus Henry Gross

(Residence in Baltimore: No. 23 East Church St. 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: July (Month) 29 (Day), 1895 (Year)

7-AGE: 20 yrs. 7 mos. 2 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Coal Trimmer 536
(b) General nature of industry, business, or establishment in which employed (or employer): B'd & Coal Pier

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Cephus Gross

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Parker

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Gross

(Address) 23 E Church St

15- Filed MAR 4 - 1916, 191

HARRY O ARLANDS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1916, to Mar 2 1916, that I saw him alive on March 1st, 1916, and that death occurred, on the date stated above, at 1205A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) G H Buxton M. D.

Mar 2, 1916 (Address) 301 East Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn St — DATE OF BURIAL: March 4, 1916

20-UNDERTAKER: J. L. Brown & Son — ADDRESS: 108 N. Monroe St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92815 — 92 — C92815

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 805 L Green St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Pickar

(Residence in Baltimore: No. 805 L Green St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: May 3, 1842 (Month) (Day) (Year)

7-AGE: 73 yrs. 9 mos. 27 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Common Labor
(b) General nature of industry, business, or establishment in which employed (or employer): (General)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen Picker

(Address) 805 L. Green St

15. MAR 4 - 1916 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1916, to March 1916, that I saw h— alive on March 1, 1916, and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Hard Workers

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C B Flowers M. D.

March 1, 1916 (Address) 714 S Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Ct — DATE OF BURIAL: March 4, 1916

20-UNDERTAKER: S. L. Brown & Son — ADDRESS: 108 W. Monty St

C92816

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 C92816

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1517 E Fort Ave ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Burke

(Residence in Baltimore: No. 1517 E Fort Ave St. 34 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Dec. (Month) ..... 25 (Day) ....., 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 2 mos. 5 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Anthony Barrett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Coyne

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... M. Burke.....

(Address)..... 1517 E. Fort Ave.....

15- MAR 4 - 1916 ROBERT . KRAUTER,
Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 1 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquiry ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... Her ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Accident .....
Fell down stairway 1517 E Fort Ave .....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) ..... Fractured Skull .....
..... (Duration) ..... yrs. ..... mos. ..... ds. Sudden
(Signed) ..... M. D.
(Coroner.)
3/1..., 191.6 (Address) ... 517 Scott St .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	March 4 1916
20-UNDERTAKER	ADDRESS
P. F. McG. & J. Flynn	1432 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C92817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C92817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Hanover St.; 22 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bank

(Residence in Baltimore: No. 610 S. Hanover St. St.; 29 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ...Unknown....., 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... J Lewis .....

(Address) ..... 1419 E Balto St .....

15. MAR 4 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 4 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased ~~from~~ for some years 191..., to March 3 1916, that I saw h.r alive on March 2 1916, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

..... Diabetes Mellitus (10 years) .....

..... Chronic Nephritis .....

..... (Duration) ... 5 ... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Renal Hemorrhage .....

..... (Duration) ..... yrs. ... 1 ... mos. ..... ds.

(Signed) ..... Frank R. Smith ..... M. D.

March 4 1916. (Address) ..... 426 Cathedral .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington Rd

DATE OF BURIAL. 3/5, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto

C92818

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

144

C92818

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1904 W White St. 20 WARD)

2-FULL NAME Herbert Menkel

(Residence in Baltimore: No. 1904 W White St. St.; ..... yrs. ..... mos. 12 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Single

6-DATE OF BIRTH Feb (Month) 20 (Day), 1916 (Year)

7-AGE — yrs. — mos. 12 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto City

PARENTS

10-NAME OF FATHER Frederick W. Menkel

11-BIRTHPLACE OF FATHER (State or country) Balto City

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Anna J. Jones

(Address) 609 N. Calhoun St

MAR 4 - 1916 Filed ....., 191.... ROBERT F. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1916, to, Mch 3 1916, that I saw h-im alive on Mch 3, 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Cellulitis L buttock

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chas. E. Conser M. D.

3-4, 1916 (Address) 1101 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 4th, 1916
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92819 — 91 — C92819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1338 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Nickles

(Residence in Baltimore: No. 1338 Columbia Ave St.; 65 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 2 (Day), 1850 (Year)

7-AGE, 65 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establisbment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, August Nickles

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Baker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Nickles

(Address) Halethorpe Md.

15- MAR 4 - 1916 Filed ..... — 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1916, to March 2, 1916, that I saw him alive on March 1st 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchio

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Jos. Turnbaugh M. D.

March 2, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 4, 1916

20-UNDERTAKER Joseph K Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92820 — 170 — C92820

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 North Calvert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Cook Sr.

(Residence in Baltimore: No. 2841 N Calvert St.; 48 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH December 3, 1848 (Month) (Day) (Year)

7-AGE 67 yrs. 2 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wholesale Grocer,
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 65

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Fred K. Koch

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Cook.

(Address) 2841 N Calvert St

15- Filed MAR 4 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24, 1916, to, March 2, 1916, that I saw h[illegible] alive on March 2, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic
Nephritis + Myocarditis

[illegible] (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Dilatation of Heart (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) C B Gamble Jr M. D.

March 3, 1916 [Address] 24 W Biddle

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Mar 5th 1916

20-UNDERTAKER: Josiah Seffor — ADDRESS: 1600 W Northern

Spec.—8-24-14—M. & T.—2000 Bks.

Henrietta Jackson

C92821

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92821

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 322 N Bruce St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Jackson

(Residence in Baltimore: No. 322 N Bruce St.; 1yr. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jucen

(Address) 322 N Bruce St

15 MAR 4 - 1916 ROBERT . KRAUTER

Filed, 19; Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 2nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29th 1916, to Mch 2nd 1916, that I saw h[er] alive on Mch 2nd 1916 and that death occurred, on the date stated above, at 6 55 P m.

The CAUSE OF DEATH* was as follows:

Tuber Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY, (Secondary)

(Duration) yrs. mos. ds.

(Signed) H B Hastings M. D.

3/3, 1916 (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Forest Lawn

DATE OF BURIAL, Mch 4 1916

20-UNDERTAKER Wilbert Brown

ADDRESS 306 N Mount St

C92822

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92822

CERTIFICATE OF DEATH.

184

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1606 W. Saratoga St. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Jones

(Residence in Baltimore: No. 1606 W. Saratoga. St. 8 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 4, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Paid Occupation

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. George Jones

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Marie Starkes

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ben. Jones

(Address) 1606 W. Saratoga St.

MAR 4 - 1916 ROBERT . KRAUTER
Filed 191 BURIAL PERMIT CLERK
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 28th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest + Autopsy (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of Brain
Homicide
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck with bottle
(Duration) yrs. mos. ds.

(Signed) Saml. Wainwright M. D.
(Coroner)

March 3rd, 1916. (Address) 2302 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. March 4 1916.

20-UNDERTAKER Chas. B. Jones

ADDRESS 1118 W. Saratoga

Spec.—8-24-14—M. & T.—2000 Bks.

Ida Walker

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92823

CERTIFICATE OF DEATH.

4V C92823

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Chapel ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Walker

(Residence in Baltimore: No. 1030 Chapel St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) ; 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Bob Green

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saunders Walker

(Address) 1030 Chapel St

15- MAR 4 - 1916 ROBERT . KRAUTER, Registrar

Place ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to March 4 1916, that I saw him alive on March 1 1916, and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Cancer of Uterus
Blood Poison

(Duration) ..... yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Blood Poison

(Duration) ..... yrs. 3 mos. 5 ds.

(Signed) L. Blair Bennett M. D.

March 4 1916. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	March 5 1916.
20-UNDERTAKER Robert St. Elliott	ADDRESS 806 Rogers Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 175

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Meyer

(Residence in Baltimore: No. 535 N. Rose St.; yrs., 8 mos. 5 ~~dys.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October 2, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Edw J. Meyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER, Maud Parker

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud Meyer

(Address) 535 N. Rose St

15- Filed MAR 4 - 1916, 191... ROBERT F. BRUCE, REGISTRAR OF VITAL STATISTICS. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull, the result of injury accidentally knocked down and run over by a wagon

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. Savage (Coroner.) M. D.

March 3, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. few months ....mos. ....ds. In the State ....yrs. Life ....mos. ....ds.

Where was disease contracted, if not at place of death? Baltimore Park Cor. Mc Elderry St.

Former or usual residence 535 N. Rose St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 6, 1916

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

C92825

HEALTH DEPARTMENT—CITY OF BALTIMORE

156

C92825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital ST.: 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John George Meinschein

(Residence in Baltimore: No. 2410 E. Jefferson St.; yrs., 56 mos. 2 ds.) 11

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 20, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Processor x 364
(b) General nature of industry, business, or establishment in which employed (or employer)..... in Packing House

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Michael Meinschein

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Manns

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Meinschein

(Address) 2410 E. Jefferson st

15-MAR 4 - 1916 ROBERT . KRAUTER,

Filed....., 191.. VITAL STATISTICS CLERK
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 3rd 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Disease) Illuminating Gas

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Edward J. Tennell M. D.
(Coroner.)

March 3rd, 1916 (Address) W. B. & Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs.....mos.....ds. In the few minutes State Md. .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
2410 E. Jefferson St.

Former or usual residence 2410 E. Jefferson St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th Reform Cemetery	March 6, 1916

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C92826 C92826

CERTIFICATE OF DEATH

1 PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C 79

CITY OF BALTIMORE: (No. ..... St.: 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Corcoran

(Residence in Baltimore: No. Little Sisters of the Poor St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7-AGE: 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: David Hall

11-BIRTHPLACE OF FATHER (State or country): Unknown.

12-MAIDEN NAME OF MOTHER: Margaret Rigoly

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Superior

(Address) Little Sisters of the Poor

15- MAR 4 - 1916 Filed ..... 191 ROBERT . GRATTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 3rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191 ..... to, 191 ....., that I saw h.. sr. alive on March 1 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Dropsy

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) F. A. Dorner M. D.

March 3 1916. [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 6 yrs. ..... mos. ..... ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Mar. 4 1916

20-UNDERTAKER: H. C. Wadsworth — ADDRESS: 1st Fremont Ave

C92827

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C92827

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3425 Chestnut Ave. ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arabella M.Bedsworth

(Residence in Baltimore: No. 3425 Chestnut Ave. St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Aug. 7, 1868 (Month) (Day), 1 (Year)

7-AGE: 47 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Ind

PARENTS

10-NAME OF FATHER: John S Creamer

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Frances Mc Abee

13-BIRTHPLACE OF MOTHER (State or country): Pa ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Harmeyer

(Address) 3425 Chestnut Ave

15- Filed MAR 4 - 1916, 191 ROBERT ZERHUSEN REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 2, 1916 (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1916, 191, to March 1, 1916 191, that I saw her alive on March 1, 1916, 191, and that death occurred, on the date stated above, at 1.30 4m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis 1 Parenchymatous

(Duration) 12 yrs. mos. ds

Contributory (SECONDARY) Grippe.

(Duration) yrs. mos. 10 ds.

(Signed) C. J Daues M. D.

March 2, 191 6 (Address) 800 E. 33rd. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: March 4, 1916

20-UNDERTAKER: Chenoweth Bros — ADDRESS: Chestnut Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92828 — 26 C92828

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 406 W. 25th St. WARD 12)

(If death occured in a hospital or Institution, give its NAME instead of Street and number and fill out No. 18.)

2 FULL NAME Margaret R. Ferguson

(Residence in Baltimore: No. 406 W. 25th St. St. 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH: January (Month) 16 (Day), 1894 (Year)

7 AGE: 22 yrs. 1 mos. 17 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Spinner
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mill

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Spann

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Margaret Murp

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. M. Stone

(Address) 2435 Maryland Ave

15 Filed MAR 4 - 1916, 191 ..... ROBERT BRADER, Clerk Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 4th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to March 4th, 1916, that I saw h[illegible] alive on March 3rd, 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 8 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. M. Stone M. D.

March 4th, 1916 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	March 6, 1916
20 UNDERTAKER	ADDRESS
[illegible] Cook	522 E. York

C92829

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92829

CERTIFICATE OF DEATH

79

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1526 Clarkson ST. 23 WARD)

2-FULL NAME George Washington Taylor

(Residence in Baltimore: No. 1526 Clarkson St.: 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Widower

6-DATE OF BIRTH: July (Month) 29 (Day), 1840 (Year)

7-AGE: 75 yrs. 7 mos. 3 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired 65
(b) General nature of industry, business, or establishment in which employed (or employer): Herdsts

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Nathaniel Taylor

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Esther Thornton

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert L Taylor

(Address) 1526 Clarkson St

15. Filed MAR 4 - 1916, 191 ROBERT F. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 2nd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1915, to March 2nd, 1916, that I saw him alive on March 2nd, 1916, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 1/2 yrs. ... mos. ... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. H. Boynton M. D.

3/3, 1916 (Address) 2301 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	March 5, 1916
20-UNDERTAKER: William Cook	ADDRESS 502 E North Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mary K. Balsam

C92830

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C92830

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 420 W. Pratt ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kurtzgrabauskas Balsam

(Residence in Baltimore: No. 420 W. Pratt St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	widow

6-DATE OF BIRTH: not known (Month) ..... (Day), 1869 (Year)

7-AGE: 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Andrew Krakeski

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mary Grablauski

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas. Matusevitz

(Address) 653. Portland St.

MAR 4 - 1916 HOWARD BRAUTEN, Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 3, 1916 (Month) (Day), (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1916, to, March 3 1916, that I saw h.r alive on March 3 1916, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2+ yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed), John A. Sklodowsky M. D.

March 3, 1916 [Address] 629 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: 420 W. Pratt St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	March 5, 1916
20-UNDERTAKER	**ADDRESS**
John Grablauskas	500. S. Paca St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92831 C92831

CERTIFICATE OF DEATH. 151

REGISTERED NO. C

1-PLACE OF DEATH West End Maternity Hospl.

CITY OF BALTIMORE: (No. 112 N. Calhoun St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of Kathrine & Edward Shea

(Residence in Baltimore: No. 112 N. Calhoun St.; ..yrs.. ..mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 29th, 1916.
(Month) (Day) (Year)

7-AGE, ..yrs..mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward Shea

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Kathrine Shea

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. R. Balderson Supt.

(Address) West End Maternity Hospl.

15- Filed MAR 4 - 1916 ROBERT , Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to Mar. 2nd 1916, that I saw h[illegible] alive on March 2nd, 1916, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Premature birth

Adenus eleven months gestation

transverse presentation

version

(Duration) ..yrs..mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs..mos..ds.

(Signed) E. E. Wilson M. D.

3/2..., 1916 (Address) 1039 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, MAR 3 - 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Finding Heppman.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92832 C92832

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9 St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Heppman

(Residence in Baltimore: No. 1405 Eutaw St St.; 32 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 4, (Month) ....., (Day) 1844 (Year)

7-AGE, 71 yrs. 6 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing (Tailor)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Heppmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Heppmann

(Address) 1405 Eutaw St

15- Filed MAR 4 - 1916, 191.....

ROBERT J. KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Mar 4 1916, that I saw h[illegible] alive on Mar 4 1916, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows: A

Diabetes Mellitus

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Ernest Hyd Riegg M. D.

Mar 4, 191.6 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1405 Eutaw St

Former or usual residence 1405 Eutaw St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Mar 7, 1916.

20-UNDERTAKER Robt J Turner ADDRESS 1442 W. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92833 — 15 — C92833

CERTIFICATE OF DEATH

1-PLACE OF DEATH West End Maternity Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. 112 N. Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of Edw. & Anna Snowden

(Residence in Baltimore: No. 112 N. Calhoun St.; ..... yrs., ... mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word.) Single

6-DATE OF BIRTH, February (Month) 29 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 12 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Snowden

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. B. Baldwin Supt.

(Address) West End Maternity Hospital

15- Filed MAR 4 - 1916 191 Burial Permit Issued

RECEIVED FEB 29 1916 REGISTRAR OF VITAL STATISTICS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29 1916, to Mar 1 1916, that I saw h[illegible] alive on Mar 1 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Dead graduation
after a tedious pro
longed labor

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Nunn M. D.

Mar 1, 1916 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

*19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL. MAR 3 - 1916 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

C92834 28 C92834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 533 Greenwillow street, ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Kolletsch,

(Residence in Baltimore: No. 533 Greenwillow street, St.; yrs., Life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, March (Month) 14th (Day), 1862. (Year)

7-AGE, 53 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal dealer,
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Louis Kolletsch,

11-BIRTHPLACE OF FATHER (State or Country). Germany,

12-MAIDEN NAME OF MOTHER Louisa Trauweh,

13-BIRTHPLACE OF MOTHER (State or Country). Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Kolletsch, wife,

(Address) 533 Greenwillow street.

15- Filed MAR 4 - 1916 19 ROMEST FRANCIS Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis,

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Frederick Baumgart M. D. (Coroner)

March 3, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, March 5, 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Park ave

C92835

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92835

CERTIFICATE OF DEATH

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 22 W. 25th St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Bean

(Residence in Baltimore: No. 22 W 25th St. 0 yrs. 8 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Dec 14, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 2 mos. 20 ds. If LESS than 1 day, ~~hrs.~~ or ~~min.~~

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer): owner

9-BIRTHPLACE (State or country): St. Mary's Co, Md.

PARENTS

10-NAME OF FATHER: John L. Bean

11-BIRTHPLACE OF FATHER (State or country): St. Marys Co, Md

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or country): St. Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Corrigan

(Address) 22 W. 25th St

15-MAR 4 - 1916 Filed ....., 191.... ROBERT J. KRAUTER Vital Statistics Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1915, to, Mch 4 1916, that I saw him alive on Mch 3, 1916, and that death occurred, on the date stated above, at 7:10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 7 mos. ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John E. O'Neill. M. D.

March 4, 1916. (Address) 2508 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Portabella Md

DATE OF BURIAL: Mar 4 1916

20-UNDERTAKER: F. A. Kramer

ADDRESS: 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

C92835

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92835

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Ashland ave St.; 7 WARD)

2-FULL NAME John W.P. Lowe, Jr.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2400 Ashland ave St.; Life yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 12, 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. 3 mos. 19 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... Helper

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John W.P. Lowe, Sr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Margaret L. Dudrow

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W.P. Lowe, Sr.

(Address) 2038 Ashland ave

15- MAR 4 - 1916, 191..... ROBERT, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to Feb. March 2nd 1916, that I saw h.. alive on March 1st 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

(Duration) ..... yrs. ..... mos. 8 da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... da.

(Signed) Minnie D. Abrams M. D.

March 3, 1916. (Address) 1634 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 5, 1916

20-UNDERTAKER Kirkler & Kirkler — ADDRESS 1739 E. Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lewis L. Lynch

C92837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C92837

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Brewer Hotel St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis L. Lynch

(Residence in Baltimore: No. Brewer Hotel 22-26 S. Liberty St.; yrs. ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan. 20, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 1 mos. 14 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer): (Drygoods)

9-BIRTHPLACE (State or country): Ga.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R Kemp West

(Address) 2332 N. Calvert St

15. Filed MAR 4 - 1916, 191 — ROBERT ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1916, to March 3 1916, that I saw h-im alive on March 3, 1916, and that death occurred, on the date stated above, at 9.20 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY) Grippe (Duration) ... yrs. ... mos. 1 ds.

(Signed) Nathan Winslow M. D.

March 3 1916. (Address) 3304 Walbrook Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. 6 ds.

Where was disease contracted. ~~~~

If not at place of death?

Former or usual residence Columbus Ga.

19-PLACE OF BURIAL OR REMOVAL: Columbus Ga. DATE OF BURIAL: March 6, 1916

20-UNDERTAKER: George J. Smith ADDRESS: 1000 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92838

CERTIFICATE OF DEATH.

89 C92838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Millington ST.; 7 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Armstrong

(Residence in Baltimore: No. 1609 Millington St.; ..... yrs., five mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black. a.a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Leonard Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Green

(Address) 1609 Millington St.

15- Filed MAR 4 - 1916 ROBERT , KRAUTER, REGISTRAR. 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1916, to March 2, 1916, that I saw h-im alive on March 2 1916, and that death occurred, on the date stated above, at 6 6 a.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J. C. R. Louison M. D.

3/3/ 191 6 (Address) 611 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	March 5, 1916.
20-UNDERTAKER	ADDRESS
Helen W Henderson	317 N. Caroline

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92839 C92839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Jackson ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Mucke

(Residence in Baltimore: No. 1636 Jackson St.; 5 yrs., mos. da.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 16, 1910 (Month) (Day) (Year)

7-AGE, 5 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jno H Mucke

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Susie Habighurst

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linda H Bode

(Address) 148 Lackawa

15- Filed MAR 4 - 1916, 191... Registrar. RESIDENT REGISTRAR. Burial Permit 01246

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Mar 3 1916, that I saw h~~e~~ alive on Mar 3 1916, and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Scarlet fever

(Duration) yrs. 1 mos. 11 ds.

(Signed) J. T. Hawkins M. D.

Mar 4 1916 (Address) 18 Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar 6 191 6

20-UNDERTAKER Jno F Talbert & Son ADDRESS 618 Light St

2 20 P. M.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92840 43 C92540

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Burke

(Residence in Baltimore: No. 1136 Mosher St ST.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, June (Month) 9 (Day), 1866 (Year)

7-AGE, 49 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Owen Burke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hannah Brannan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Burke

(Address) 1136 Mosher St

15 MAR 4 - 1916 ROBERT , ESAOTNS

Filed....., 191.. Partin

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1915, to March 2 1915, that I saw h[er] alive on March 2 1915, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Breast Abdomen & Back
Cancer Diagnosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) C R Davis M. D.

March 2, 1916 (Address) 922 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cemetery	March 6, 1916
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92841 C92841

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 N. Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Holton

(Residence in Baltimore: No. 1343 N. Stockton St.; 4 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, May 9th, 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. 9 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, George Thos Holton

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER Maggie Folson

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Thos Holton

(Address) 1343 N. Stockton St.

15- MAR 4 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3d, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 10th 1916, to March 3d 1916, that I saw h.m alive on March 2d 1916, and that death occurred, on the date stated above, at 7 3/4 A.M.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

Broncho Pneumonia (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) ... yrs. one mos. ... ds.

(Signed) Edward E Mackenzie M. D.

March 3, 1916 (Address) 1359 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	March 5, 1916
20-UNDERTAKER Felix B. Pye.	ADDRESS 102 E Mulberry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92842 129 C92842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Old Gent Road St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Coleman

(Residence in Baltimore: No. 708 Penna. Ave St.; ..... yrs., 9 mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
28 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 87
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private Family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Daniel Goode

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Andy Grammar

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Callie Johnson

(Address) Richmond Virginia

15- Filed MAR 4 - 1916, 191.. ROBERT E. CRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 191 6, to March 4 191 6, that I saw her alive on March 4 191 6, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Zuerner M. D.

March 4, 191 6 (Address) 1 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ..... ds. In the State ..... yrs. 9 ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 708 Penna Ave

Former or usual residence 708 Penna Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond Va	March, 191 6

20-UNDERTAKER Daniel T. Crutchfield ADDRESS 518 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92843

CERTIFICATE OF DEATH.

64 C92843

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Stitt

(Residence in Baltimore: No. 244 Pearl St.; 64 yrs., 1 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Jan (Month) 17 (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 1 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Christian F Korber

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard H. Berry

(Address) 244 Pearl Street

15- Filed MAR 5 - 1916, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3. 2 1916, to 3. 2 1916, that I saw h[illegible] alive on 3 - 2 - 1916, and that death occurred, on the date stated above, at 10.27 P m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) Cerebral Arteriosclerosis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary)

(c) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

3. 3., 1916 (Address) 639 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	3. 5., 1916

20-UNDERTAKER	ADDRESS
William Cook	502 E. North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92844

CERTIFICATE OF DEATH

18

C92844

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2452 Frederick Ave ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary A Dukehart

(Residence in Baltimore: No. 2452 Frederick Ave St.: 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 31, 1856 (Month) (Day) (Year)

7 AGE: 59 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Uhmitable

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Uhmitable

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Dukehart

(Address) 2452 Frederick Ave

15 MAR 5 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to March 3 1916, that I saw h[er] alive on March 3, 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY): Mitral Regurgitation

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Matuschka M. D.

3. 4, 1916 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/7, 1916

20 UNDERTAKER: William Cook — ADDRESS: 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore A. Page

(Residence in Baltimore: No. Belvedere Hotel St.; ....yrs. ....mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 28, 1860.
(Month) (Day) (Year)

7-AGE, 55 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Shade cloth. 66

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Abanson Page

11-BIRTHPLACE OF FATHER (State or Country) Saratoga Co. N. Y.

12-MAIDEN NAME OF MOTHER Elsie Benson.

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James C. Dayton

(Address) 190 Riverside Drive N.Y.C.

15- MAR 5 - 1916 ROBERT , BRUNER
Filed....., 191... Burial ....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 5 1916, that I saw him alive on March 4 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of Prostate
Secondary Metastases to Lungs
Bronchial Pneumonia contributed by Typhoid Fever (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A. Baetjer M. D.
3/5, 1916. (Address) 16 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. 7 ds.

Where was disease contracted, if not at place of death? New York

Former or usual residence Oswego New York

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Riverside Cemetery Oswego New York	March 5 1916.

20-UNDERTAKER Emory W. Jenkins Sons Co. ADDRESS Mt. Calvert & Hartford

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92646 — 91 — C92646

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2502 Woodbrook Ave ST. 15 WARD)

2-FULL NAME Margaret Greifenstein

(Residence in Baltimore: No. 2502 Woodbrook Ave St.; ..... yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: July (Month) 20th (Day); 1829 (Year)

7-AGE: 86 yrs. 7 mos. 13 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Wood

(Address) 2502 Woodbrook Ave

15- MAR 5 - 1916 — ROBERT J. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 3rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1916, to March 3rd, 1916, that I saw h-ex alive on March 3rd, 1916, and that death occurred, on the date stated above, at 11 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sam'l Weinberg M. D.

March 4th, 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenlawn Station Balto Co — DATE OF BURIAL: 3/6 1916

20-UNDERTAKER: Robt V Brooks & Son — ADDRESS: Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92847 C92847

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Philpot

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, May 22, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 11 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Philip Sweeney

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary Minnehan

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Philpot

(Address)..... Same

15- Filed MAR 5 - 1916, 191.. ROBERT P. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916 to Mar 4 1916, that I saw h[illegible] alive on Mar 4 1916, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia
2. .....
3. .....

(Duration) Not known yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Mark M. D.

Mar 5, 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 8 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 18 Wetherland Ave

19-PLACE OF BURIAL OR REMOVAL, Shrewsbury Pa. DATE OF BURIAL, March 6, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 Fulton Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Catherine A. Rich

C92848

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C92848

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1134 Penna ave ST.: ..... WARD) 17

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Anna Rich

(Residence in Baltimore: No. 1134 Penna ave St.: 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH ..... About Know! 1874
(Month) (Day) (Year)

7-AGE ..... 42 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE (State or country) Harford Co Maryland

PARENTS

10-NAME OF FATHER James Lee

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Rich

(Address) 1134 Penn ave

15. MAR 5 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... March 4 , 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22 , 1916 , to March 4th 1916 , that I saw h.er alive on March 3rd , 1916 , and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Forsmak M. D.

March 4 , 1916 (Address) W K Forsmak

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laud Cemety	March 5th, 1916.
20-UNDERTAKER John H Owens	ADDRESS 1222 Penn Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92849 C92849

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Broadway ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. G. Davis

(Residence in Baltimore: No. 705 N. Broadway Life St.; ..... yrs., 1 mos. ..... ds.)

Fife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, Feb 9, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Dunphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane M Grogan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Dunphy

(Address) 705 N Broadway

15. MAR 5 - 1916 ROBERT J. BRADY
Filed ....., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14th 1916, to March 2 1916, that I saw h.... alive on March 2nd 1916, and that death occurred, on the date stated above, at 1 15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. 17 ds.

(Signed) Edward Kilduff M. D.

March 4, 1916 (Address) 208 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, 3/6, 1916

20-UNDERTAKER Chas. F. Wood & Son

ADDRESS 1180 N. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92850 120 C92850

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 E Madison ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie L Howell

(Residence in Baltimore: No. 2120 E. Madison. St.; 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK. PENCIL NOT PERMISSIBLE. RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female.	white.	widow

6-DATE OF BIRTH, Apr. 30 (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Millinery
(b) General nature of industry, business, or establishment in which employed (or employer): Store Keeper

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Peter Murphy.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Dignan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles Howell

(Address) 2120 E. Madison St.

15- Filed MAR 5 - 1916, 191.... BURIAL PERMIT ISSUED. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Nov 4 1916, that I saw her alive on Nov 3 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) E. Rawlings Cullen M. D.

Nov 4, 1916. (Address) 24 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Nov 7, 1916.
20-UNDERTAKER John J Cowan, Son	ADDRESS 501 Hollins St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C92851

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 E Monument ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A Joyce

(Residence in Baltimore: No. 2315 E Monument St.; 50 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE IS PRIMARILY A RECORD OF FACTS AND SHOULD BE FILLED OUT BY A PERSON HAVING KNOWLEDGE OF THE FACTS. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Sex~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct 14th; 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Gately.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Bridget Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Coyle

(Address) 2315 E Monument

15- Filed MAR 5 - 1916, 191.... NORRIS C. KRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 2nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to Mar. 2- 1916, that I saw h[er] alive on Mar 1- 1916, and that death occurred, on the date stated above, at 5 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Broken Compound Arm

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. C. Clinton Blades M. D.

3/4/16, 191... (Address) 143 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, March, 191...

20-UNDERTAKER John A Moran

ADDRESS Bank & Aisquith

Eleanor P. Bonde.

C92852

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C92852

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1108 Bolton ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Polk Bonde

(Residence in Baltimore: No. 1108 Bolton St.; 25 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: October (Month) 3rd (Day) 1850 (Year)

7-AGE: 65 yrs. 5 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Harrisburg Pa

PARENTS

10-NAME OF FATHER: Wm Pitt Beatty

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Mary S. Clendenon

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip P. B. Bonde

(Address) 1108 Bolton St

MAR 5 - 1916 Filed ..... 191.. ROBERT . KRAUSE, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 29, 1916, to, March 4th 1916, that I saw h[er] alive on March 3rd 1916, and that death occurred, on the date stated above, at 9.9 m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Nephritis

(Duration) Many yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

(Signed), Chas Leonard M. D.

March 5th, 1916 [Address] 137 Park Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harrisburg Pa

DATE OF BURIAL: Mar 6th 1916

20-UNDERTAKER: Graham T. Walker

ADDRESS: 723 W Lafayette

C92853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C92853

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 704 N. Eden ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Feidel

(Residence in Baltimore: No. 704 N. Eden St.; yrs., 25 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jack Yankelowitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Feidel

(Address) 704 N. Eden

15- Filed MAR 5 - 1916, 191.. ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Wm. M. Sarazin (Coroner.) M. D.

March 4, 191.6 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Roadale — DATE OF BURIAL, March 5, 16

20-UNDERTAKER A. Lowenstein & Bro — ADDRESS 1107 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C92854

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92854

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 E. Preston ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ann Coun

(Residence in Baltimore: No. 802 E. Preston St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 2 (Day), 1842 (Year)

7-AGE, 74 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore, Maryland.

PARENTS.

10-NAME OF FATHER, John H. Reinecker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth M. Young

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. T. Coun Jr

(Address) 802 E. Preston St

15- Filed MAR 5 - 1916 ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29th 1916, to March 4 1916, that I saw her alive on March 4th 1916, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Cavity in top of left lung p. for the last 5 yrs. Hemorrhage yrs - of the rectum last year last seven about a month. (Duration) 5 yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Rupture of aorth of a pulmonary Vein (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. Miller M. D.

March 4, 1916 (Address) 108 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, March 6 1916

20-UNDERTAKER John B. Spence — ADDRESS 1325 N. Carolina St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

2230

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92855

C92855

97

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Macon St.; b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Handler

(Residence in Baltimore: No. 219 N Macon St.; 4 yrs., 1 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH PENCIL OR INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Infant

6-DATE OF BIRTH, Jan 28, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Handler

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Lupinetta

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Handler

(Address) 219 N Macon

15-MAR 5 - 1916 ROBERT J. BRADEN

Filed....., 191.... Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1916, to March 5 1916, that I saw h[e] alive on March 4 1916, and that death occurred, on the date stated above, at 5.30A m.

The CAUSE OF DEATH* was as follows:

Empyaema

Lobar Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Meningitis

(Duration) ....yrs. 1 mos. 21 ds.

(Signed) Wilbur F Rykard M. D.

March 5, 1916 (Address) 2058 Ashland Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar. 7, 1916
20-UNDERTAKER	**ADDRESS**
Fuck Conductor	1904 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92556 C92556

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 N Stockton ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Tasco

(Residence in Baltimore: No. 1132 N Stockton St 5 St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH PEN AND INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
male	Color	Single

6-DATE OF BIRTH, Unknown ....., 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter L40
(b) General nature of industry, business, or establishment in which employed (or employer)..... Restaurant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Andrew Tasco

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Tasco

(Address) 539 Dolphin St

15-Filed MAR 5 - 1916, 191.....

ROBERT F. KRAUTER
Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to Mar 3 1916, that I saw h.m alive on Mar 2 1916, and that death occurred, on the date stated above, at 9.54 a.m.

The CAUSE OF DEATH* was as follows:

.....
Acute Nephritis
.....
..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) E. Wallace Tracy M. D.

Mar 3, 1916 (Address) 1928 Fenwick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar. 6..., 1916.
20-UNDERTAKER James H Dunn	ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C92857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C92857

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Braxton

(Residence in Baltimore: No. 1339 Woodyear St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Baby

6-DATE OF BIRTH, Sept 27, 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Milton Braxton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Pain

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Braxton

(Address) 1339 Woodyear St

15- MAR 5 - 1916 [redacted] BRACTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Mar 4 1916, that I saw her alive on Mar 3 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. William Tiery M. D.

Mar 4, 1916 (Address) 1928 Pennsylvania Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, Mar 6., 1916.

20-UNDERTAKER Mt Auburn James H Dennis ADDRESS 1303 Pennsylvania Ave

Spec.—5-19-13—M. & T.—500 Bks.

C92858 C92858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1404 N. Bruce ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Harris

(Residence in Baltimore: No. 1404 Bruce St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, ... Unknown ....., 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Catonsville Md.

PARENTS.

10-NAME OF FATHER, Asa Harris

11-BIRTHPLACE OF FATHER (State or Country), Catonsville

12-MAIDEN NAME OF MOTHER Sarah Cole

13-BIRTHPLACE OF MOTHER (State or Country), Catonsville

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Anne Harris .....

(Address) 1404 Bruce St

15-MAR 5 - 1916 ROBERT , KRAUTER
Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3 ..... 2 ....., 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feby 3 1916, to March 2- 1916, that I saw h-m alive on March 2nd 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

....

..... (Duration) ..... yrs. 1 ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Chronic Bronchitis .....

..... (Duration) ..... yrs. 2 ..... mos. ..... ds.

(Signed) ..... C. W. Barker ....., M. D.

March 2 1916. (Address) 1443 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Harris Cemetery	Mar 5, 1916
20-UNDERTAKER	ADDRESS
James H Dinn	1303 Preston

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92859 C92859 108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E Monument ST.; 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Hohman

(Residence in Baltimore: No. 2219 E. Monument St.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 15, 1847 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Raymond Focht

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Angelina Lichtenberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Hohman

(Address) 2219 E. Monument St

15- Filed MAR 5 - 1916, 191.. NOBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15th 1916, to March 3 1916, that I saw h[illegible] alive on March 3 1916 and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. mos. 12 hrs.

CONTRIBUTORY (Secondary) Bron. Pneumonia

(Duration) yrs. mos. 18 ds.

(Signed) Edward Pettorutti M. D.

March 4, 1916 (Address) 22 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetary

DATE OF BURIAL, Mar. 6., 191. 6

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

092860 092860

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Hollins ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etheldria E. Stout

(Residence in Baltimore: No. 1704 Hollins St.; Lifetime yrs., 2 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 17, 1915
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chester K Stout

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Edith Meyl

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester K. Stout

(Address) 1704 Hollins St

15- ROBERT . KRAUTER,
FILED MAR 5 - 1916, 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1915, to March 3, 1916, that I saw h[er] alive on March 3, 1916, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. O'Neill M. D.

March 4, 1916 (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, MAR 5, 1916

20-UNDERTAKER Geo A Gerber

ADDRESS Balto & Payson 86

C92861

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C92861

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 E Madison St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Nessa Moore

(Residence in Baltimore: No. 1621 E Madison St.)

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, Dec (Month) 25th (Day), 1915 (Year)

7-AGE. 0 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. George Lillie

11-BIRTHPLACE OF FATHER (State or Country). Martinique W I

12-MAIDEN NAME OF MOTHER Ida Moore

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Moore

(Address) 1621 E. Madison St

15- MAR 5 - 1916 ROBERT , KRAUTER,
Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Burns Incurred

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar F. Cordell M. D. (Coroner.)

March 4th, 1916 (Address) 516 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cemetery	Mar. 6, 1916
20-UNDERTAKER	ADDRESS
Felix B. Dyer	107 E Mulberry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92862 C92862

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Warren ave St.) 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine O'Hea

(Residence in Baltimore: No. 407 Warren ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know, 1 (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General natnre of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Cahill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Shea

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Francis P Haughurty

(Address) 407 Warren ave

15- Filed MAR 5 - 1916 ROBERT J. BRADDER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to March 3 1916, that I saw her alive on March 3 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Jas F O'Donnell M. D.

March 5, 1916. (Address) 1026 West Pr-

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 6, 1916

20-UNDERTAKER H. & M. J. Flynn

ADDRESS 1423 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92863 C92863

CERTIFICATE OF DEATH.

x 39

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Stafford Hotel ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Foster Paul

(Residence in Baltimore: No. Stafford Hotel St.; ....yrs. 3 mos. ....da.)

WRITE PLAINLY, WITH UNFADING INK. PENCIL NOT TO BE USED.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 15, 1844 (Month) (Day) (Year)

7-AGE. 71 yrs. 11 mos. 19 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired. 31+
(b) General nature of industry, business, or establishment in which employed (or employer)..... Window Shade Mfg.

9-BIRTHPLACE, (State or Country), Canada.

PARENTS.

10-NAME OF FATHER, John H. Paul

11-BIRTHPLACE OF FATHER (State or Country). Canada.

12-MAIDEN NAME OF MOTHER Harriet Foster.

13-BIRTHPLACE OF MOTHER (State or Country). Canada.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Samuel F. Paul

(Address) Stafford Hotel.

15- Filed MAR 5 - 1916, 191... ROBERT . BRADEN Registrar. BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1915, to March 4th 1916, that I saw him alive on March 4th 1916, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease - Mitral Carcinoma of base of tongue on right side; stone adenitis.

(Duration) ....yrs. 6 mos. ....da.

CONTRIBUTORY (Secondary) Bronchitis for 20 years

(Duration) ....yrs. ....mos. ....da.

(Signed) Thomas L. Steele M. D.

March 5th, 1916. (Address) 905 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? Does not know; developed slowly. Came from

Former or usual residence New York

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
KENSICO CEMETERY. WESTCHESTER CO. NEW YORK.	MARCH 5..., 1916.
20-UNDERTAKER	ADDRESS
HENRY W. JENKINS & SONS CO.	McCULLOH & ORCHARD STS.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92864 — 120 — C92864

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Harford ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Kaiser

(Residence in Baltimore: No. 1718 Harford ave. St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ Widowed (Write the word.)

6-DATE OF BIRTH, dont Know, 1 (Month) (Day) (Year)

7-AGE, 76 years. ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, J. George Kaiser

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Westbrank

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Haderman

(Address) 1718 Harford ave.

15. MAR 5 - 1916 ROBERT J. BRAUNS, Filed....., 191.. MUNICIPAL REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to March 5 1916, that I saw h[illegible] alive on March 5 1916, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Chronic)

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) John W. Foutz

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W. Anderson M. D.

March 5, 1916. (Address) 714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, March 5, 1916.

20-UNDERTAKER George J. Ruth. ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92865

CERTIFICATE OF DEATH.

51 C92865

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Jackson

(Residence in Baltimore: No. 1407 Mosher St St.; ..... yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, January 28, 1894
(Month) (Day) (Year)

7-AGE, 21 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid Occupation

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Robert Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucy Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- MAR 5 1916 ROBERT A. KRAUTH, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11 1915, to March 1 1916, that I saw her alive on March 1 1916, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Erysipelas of Scalp
(Death immediately after operations - probably heart failure or thrombosis death) (Duration) 0 yrs. 8 mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mont R Reid M. D.

March 4 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1407 Mosher St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Bonnie Brae Cemetery Baltimore Co Md	March 5, 1916
20-UNDERTAKER	ADDRESS
Jos. T. Oliver Son	1100 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92866 C92866

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1844 McKean Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella A Corey

(Residence in Baltimore: No. 1844 McKean Ave St.; 1 yrs., 3 mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug 14, 1883
(Month) (Day) (Year)

7-AGE, 32 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Wallace

11-BIRTHPLACE OF FATHER (State or Country), Connecticut

12-MAIDEN NAME OF MOTHER Bridget Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Corey

(Address) 1844 McKean Ave

15- FILED MAR 5 - 1916 ROBERT , BRACKEN, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to Nov 4 1916, that I saw h[illegible] alive on Nov 4 1916, and that death occurred, on the date stated above, at 9:40 m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 3 mos. ds.

(Signed) E. V. Radebaugh M. D.

Nov 5, 1916. (Address) 74 W Fullon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harrisonburg Va. DATE OF BURIAL, Nov 6, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N Bal St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92867 C92867

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Aisleton St. St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Magdalene Burton

(Residence in Baltimore: No. 2507 Aisleton St. St.; 30 yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, October 20, 1865 (Month) (Day) (Year)

7-AGE, 52 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Lutherville Md

PARENTS.

10-NAME OF FATHER, Jacob L Krahe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ulrick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. P. Burton

(Address) 2507 Aisleton St.

15- Filed MAR 5 - 1916, 191.... ROBERT F. CRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to March 3 1916, that I saw her alive on March 3 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage. (Hemiplegia, Coma) Pneumonia.

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) Norbert C Nutter M. D.

March 4, 1916. (Address) 25 W Aisleton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oakland Cemetery — DATE OF BURIAL, Mar. 6, 1916

20-UNDERTAKER Joseph D. Cook — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92868

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 C92868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary ~~Gaston~~ Gateley

(Residence in Baltimore: No. 519 Wyeth Ld St.; 40 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, December (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Household work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Miss.

PARENTS.

10-NAME OF FATHER, Henry Ferguson

11-BIRTHPLACE OF FATHER (State or Country), Miss

12-MAIDEN NAME OF MOTHER Mary Ferguson

13-BIRTHPLACE OF MOTHER (State or Country), Miss

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Jacobsen & Son

(Address) 217 S. Paca

15- Filed MAR 5 - 1916, 191.. ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1915, to Mar 5 1916, that I saw h[illegible] alive on Mar 5 1916, and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchus - pneumonia

Accident - Fell while Crossing street Fracture of Right Hip

CONTRIBUTORY (Secondary) Surgery - Senility (Duration) yrs. mos. 15 ds.

(Signed) Geo Ross M. D.

Mar. 5., 191.6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Crossing Street

Former or usual residence 519 Wyeth St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Leeds Hill Cem	Mar. 6., 1916.
20-UNDERTAKER	ADDRESS
Jos Jacobsen & Son	217 S. Paca

(Over)

C92869

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92869

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 170

CITY OF BALTIMORE (No. 110 N. Ostend St.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Helen S. Parsons

(Residence in Baltimore: No. 110 N. Ostend St.: 38 yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH October 24 (Month), 1877 (Day) (Year)

7 AGE 38 yrs. 4 mos. 7 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Zachariah Mumbauer

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Belinda J. Griffin

13 BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H. Parsons (husband)

(Address) 110 N. Ostend St

MAR 6 - 1916

Filed ....., 191.... ROBERT O. ARDREY, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 2 (Month), 1916 (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to March 2 1916, that I saw her alive on March 2, 1916, and that death occurred, on the date stated above, at 11.35 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Anaemia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.

March 3, 1916 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 6th, 1916
20 UNDERTAKER	ADDRESS
Mrs. Mrs. John H. Deufel	801 W. Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92870 C92870

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 W. Cross ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Higdon

(Residence in Baltimore: No. 1137 W. Cross St.; St.; 44 yrs., 5 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 25th, 1871.
(Month) (Day) (Year)

7-AGE, 44 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Pfeifer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotte Reich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James T. Higdon

(Address) 1137 W. Cross St

15- Filed MAR 6 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to March 3rd 1916, that I saw her alive on March 3rd 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

Exploratory incision

(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

March 5..., 1916. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	March 7th, 1916
20-UNDERTAKER	ADDRESS
Wm. & Jos. Pfeifel	814 W. Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

092571

HEALTH DEPARTMENT—CITY OF BALTIMORE

170

092571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 E. Fayette ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Genevieve Snider

(Residence in Baltimore: No. 2306 E. Fayette St.; 57 yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 26, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto- Md.

PARENTS.

10-NAME OF FATHER, John Bolz.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Snider

(Address) 2306 E. Fayette St.

15- Filed MAR 6 - 1916, 191. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1916, to Mar 3 1916, that I saw her alive on Mar. 3 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard C. Todd M. D.

3-4, 1916. (Address) 735 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 6, 1916.
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Durham ST.; 6 WARD)

REGISTERED No. C 120 C92872

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Kreidner

(Residence in Baltimore: No. 24 N. Durham St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) ..... (Day) ....., 1854 (Year)

7-AGE, 81 yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Lab
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Kreidner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Theresia

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Kreidner

(Address) 24 N. Durham St.

15- Filed MAR 6 - 1916, 191..... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to Mar 4 1916, that I saw h[illegible] alive on Mar 4 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) A. L. Tumbleson M. D.

March 6, 1916 (Address) 2013 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	March 7, 1916
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD

Spec.—8-26-14—M. & T.—2000 Bks.

C92873 C92873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126-2 Riverside Ave ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary E. Canavan

(Residence in Baltimore: No. 126-2 Riverside Ave St.; ..... yrs., ... mos. ..... ds.) Lafayette

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married Widow

6-DATE OF BIRTH, January 17th, 1855
(Month) (Day) (Year)

7-AGE. 60 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore City Md

PARENTS.

10-NAME OF FATHER, John Conway

11-BIRTHPLACE OF FATHER (State of Country), Baltimore City

12-MAIDEN NAME OF MOTHER A. Lavara

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Canavan

(Address) 126-2 Riverside Ave

15- Filed MAR 6 - 1916, 191.. HARRY O. JONES, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to March 4 1916, that I saw her alive on March 4 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) Consolidation of Lungs

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. K. Wiley M. D.

March 6th, 1916. (Address) 1724 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 25 yrs. - mos. - ds. In the State 60 yrs. 8 mos. 11 ds.

Where was disease contracted if not at place of death? 126-2 Riverside Ave

Former or usual residence 126-2 Riverside Ave

19-PLACE OF BURIAL OR REMOVAL, Mount Christian Cem. DATE OF BURIAL, March 7th, 1916.

20-UNDERTAKER E. J. Fanning ADDRESS 1460 Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151
1 C92874

C92874

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1918 N. Brunt street, ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Evans,

(Residence in Baltimore: No. 1918 N. Brunt street, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, February (Month) 17th (Day), 1916. (Year)

7-AGE, 0 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Walter Evans,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER, Laura Bivens,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Evans, mother,

(Address) 1918 N. Brunt street.

MAR 6 - 1916 Filed ..... 191.

HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity and inability to take nourishment, ((7 months Utero-gestation)) (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mother accidentally fell down stairs whilst pregnant. ....ds.

(Signed) Frederick Heimbel M. D.
(Coroner.)

Mar. 4, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	March 4 1916
20-UNDERTAKER, James H. Dennis	ADDRESS, 1303 Presbma

Spec.—8-24-14—M. & T.—2000 Bks.

C92875 C92875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Carter.

(Residence in Baltimore: No. 810 Fessier St. St.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 2nd
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza A. Dare

(Address) 810 Fessier St

15-

Filed MAR 6 - 1916, 191.. HARRY O. ANDREWS, DEPUTY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29th 1916, to March 5th 1916, that I saw him alive on March 5th 1916, and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurg.

(Duration) yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

March 5th 1916. (Address) Md Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 810 Fessier St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Mar 7, 1916
20-UNDERTAKER	ADDRESS
James H. Dunning	303 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92876

CERTIFICATE OF DEATH.

104

C92876

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Lurker Alley ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas L. Fontana

(Residence in Baltimore: No. 820 Lurker Alley St.; ....yrs. 1 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) ..... 21st (Day), ... 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 14 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Chas. Fontana

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Theresa Vocca

13-BIRTHPLACE OF MOTHER (State or Country), D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Chas Fontana .....

(Address) ..... 820 Lurker Alley .....

15- MAR 6 - 1916 BARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) ..... 5th (Day), ... 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 5 1916, that I saw h[illegible] alive on March 5 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

..... Acute gastro-enterites .....

.....

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions feeding

..... (Duration) ....yrs. 1 mos. 11 ds.

(Signed) ..... M. D.

March 6, 1916 (Address) 816 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Vincent Dalle	Feb. 6th, 1916.
20-UNDERTAKER	ADDRESS
Trudell Lippel & Son	375 S. Arnold St.

Spec.—8-24-14—M. & T.—2000 lbs.

C92877

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92877

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2008 Bank ST.; V WARD) REGISTERED NO. C.....

2-FULL NAME Herbert J R Hadfield

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2008 Bank St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 25 Th, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Samuel Hadfield

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jessie Pettimel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Hadfield

(Address) 2008 Bank St

15-
Filed MAR 6 - 1916, 191.. BANK OF ALTIMORE,
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 5 Th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Mar 5 1916, that I saw him alive on Mar 5 1916, and that death occurred, on the date stated above, at 11 2P m.

The CAUSE OF DEATH* was as follows:

.....

Gastro Enteritis

..... (Duration).....yrs.....mos.....7.....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration).....yrs.....mos.....1.....ds.

(Signed) A L Tennant Leon M. D.

Mar 5, 191.. (Address) 2213 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Mar 6, 191..

20-UNDERTAKER John A Moran

ADDRESS Bank & Conway St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92878 C92878

CERTIFICATE OF DEATH.

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Hilton St. St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda V Hoff.

(Residence in Baltimore: No. 608 Hilton St St.; 75 yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 17, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Lewis Evans

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Buckingh

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mc Russell

(Address) 608 Hilton Ave

15- MAR 6 - 1916 HARRY O. ARCHERS, Burial Permit Clerk

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 3rd 1916, to March 4th 1916, that I saw her alive on March 4th 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Senility

..... (Duration) ...yrs. 1 ...mos. ...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Robt J Murray M D M. D.

March 5, 1916. (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sandy Mt. Carroll Co	March, 191..
20-UNDERTAKER	ADDRESS
W M Routson	230 N Fremont

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92879 C92879

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Olson

(Residence in Baltimore: No. 310 Worsley St St.; ....yrs.,....mos.....da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Mar. 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.
If LESS than 1 day, 3 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Ernest Olson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Washington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Resd Mercy Hospital

(Address) Universal

15 MAR 6 - 1916
Filed....., 191.... HARRY O. ANDREWS, City Registrar.
Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 1, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1 1916, to Mar. 1, 1916, that I saw h.... alive on Mar 1 1916, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* was as follows:

Pernicious Vomit

.....

.....

.....

Spec.—8-24-14—M. & T.—2000 Bks.

C92580 C92580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ewing

(Residence in Baltimore: No. John's Hopkins Hospital St.; 3 yrs. — mos. 22 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December (Month) 24 (Day), 1862 (Year)

7-AGE 29 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Molder
(b) General nature of industry, business, or establishment in which employed (or employer): Spanos Point Md

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Ewing

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Hornburger

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Ewing

(Address) John Hopkins Hosp.

15 MAR 6 - 1916 HARRY O. ANDERSON

Filed....., 191.... Vital Statistics Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to March 1 1916, that I saw him alive on March 1 1916, and that death occurred, on the date stated above, at 8 38 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Operation

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. K. Rhoads M. D.

March 1, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 7823 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL: St Evangelical Cem | DATE OF BURIAL: March 7 R, 1916

20-UNDERTAKER: H. Sander Sons | ADDRESS: 1710 Pratt

C92681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

C92681

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 243 N. Schroeder ST.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Wheatley

(Residence in Baltimore: No. 243 N. Schroeder ST.: 1 yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 1, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Wm R. Wheatley

11-BIRTHPLACE OF FATHER (State or country): Wash

12-MAIDEN NAME OF MOTHER: Lena Foreman

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm R. Wheatley

(Address) 243 N. Schroeder

15- MAR 6 - 1916 Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1915, to Feb 24 1916, that I saw h[illegible] alive on Feb 24, 1916, and that death occurred, on the date stated above, at 1.30 a.m.
The CAUSE OF DEATH* was as follows:

Pneumonia (Croupous) Confluent

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Mastoiditis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Jerrell Downey M. D.

March 6, 1916. (Address) 524 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: March 6, 1916

UNDERTAKER: H. Clay [illegible] ADDRESS: [illegible]

H. treated in Dispensary & Hospital at Bells Cliff Co. Hunt Valley Aug. 15/95

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92882 64 C92882

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Walker

(Residence in Baltimore: No. 1416 E Madison St.: 25 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1874 (Year)

7-AGE, 41 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Major Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia Hastings

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Walker

(Address) 1416 E Madison St

15- Filed MAR 6 - 1916, 191. HARRY O ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to March 4 1916, that I saw h.. alive on March 4 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Coma (Duration) ..... yrs. Four mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Valvular heart disease

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Fisher M. D.

Mar 6 1916. (Address) 1617 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mylers Prot Ep Church, Towson Md

DATE OF BURIAL, March 7, 1916

20-UNDERTAKER, Sam W. Chase and Son

ADDRESS 1400 Washington

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

52883

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

CD 2883

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 Dolphin street, ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest F. Nelson,

(Residence in Baltimore: No. 118 Dolphin street,

St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, Unknown, (Month) ....., (Day) 1 (Year)

7-AGE, 38 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster merchant,
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE. (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER: A. A. Nelson,

11-BIRTHPLACE OF FATHER (State or Country): Maryland,

12-MAIDEN NAME OF MOTHER: Nancy Bardsouf,

13-BIRTHPLACE OF MOTHER (State or Country): Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. G. Nelson, brother,

(Address) 1822 N. Milton avenue.

15- MAR 6 - 1916 Filed ....., 191.... Harry O. Ar... Burial Permit ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis,

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic alcoholism,

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

Mar. 6th. 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cristfield Md

DATE OF BURIAL: Mar 6, 1916

20-UNDERTAKER: Cobb & Bunting

ADDRESS: 1xx 24th Bay

C92884

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C92884

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2510 Maryland Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Beryl Yount

(Residence in Baltimore: No. 256 Maryland Ave St.: — yrs. — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)~~: Married

6-DATE OF BIRTH: August 1, 1863 (Month) (Day) (Year)

7-AGE: 52 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Moorefield W Va

PARENTS

10-NAME OF FATHER: E. O. Harwood

11-BIRTHPLACE OF FATHER (State or country): Petersburg Va

12-MAIDEN NAME OF MOTHER: Margaret Mask

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis D Edmunds

(Address) 2510 Maryland Ave

MAR 6 - 1916
Filed ....., 191....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1916, to March 6 1916, that I saw her alive on March 6, 1916, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) John Gundwood M. D.

March 6 1916 (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. 14 ds. In the State — yrs. — mos. 14 ds.

Where was disease contracted, if not at place of death? In Baltimore

Former or usual residence Elkins W Va

19-PLACE OF BURIAL OR ~~REMOVAL~~: Elkins W. Va. DATE OF BURIAL: March 6 1916

20-UNDERTAKER: Henry Jenkins Sons Co ADDRESS: ~~McCulloh~~ Orchard Sts.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92885 C92885

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Collison

(Residence in Baltimore: No. 1522 Monument St.; 24 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Henry Collison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Hills

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilla Bennit

(Address) 401 N Bethel st

15-
Filed MAR 6 - 1916 1916 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to Mar 4 1916, that I saw him alive on Mar 4 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

(Duration) .....yrs. .....mos. 19 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Ernest W. Magruder M. D.

Mar 4, 1916 (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1522 Monument St

Former or usual residence 1522 Monument St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	March 6., 1916.
20-UNDERTAKER	ADDRESS
John W Henderson	317 Caroline

C92886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92886

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1325 Lemmon St.: 19 Ward) REGISTERED No. C

2-FULL NAME Solomon Calvert

(Residence in Baltimore: No. 1325 Lemmon St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Lifetime

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, March (Month) 1st (Day), 1865 (Year)

7-AGE, 51 yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Md. (City)

PARENTS.

10-NAME OF FATHER, Solomon Calvert

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nancy Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Hughes

(Address) 327 S. Vincent St.

15- MAR 6 - 1916 HARRY O. ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ha Emphy

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. Chaney M. D. (Coroner.)

March 5th, 191.6. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 7..., 19.6

20-UNDERTAKER A. Jones — ADDRESS 207 S. Stricker

Spec.—8-24-14—M. & T.—2000 Bks.

C92887 HEALTH DEPARTMENT—CITY OF BALTIMORE C92887

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 18 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Fisher.

(Residence in Baltimore: No. 1726 W. Pratt St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph McLaughlin

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Rebecca Crew

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Vaughan

(Address) 1721 Hollins St.

15-
Filed MAR 6 - 1916, 191.. HARRY O. ANDERSON, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/2 1916, to 3/5 1916, that I saw h[illegible]ive on 3/5 1916, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Unknown yrs. mos. ds.

(Signed) H. Mustin M. D.

3/5, 1916 (Address) Hereford, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1340 W. Pratt St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Mar 7, 1916.

20-UNDERTAKER, John J. Cowan & Son — ADDRESS 901 Hollins St.

Cover

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10:30 4-6 130 092888

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 092888

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2402 Roslyn Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hermon Chase

(Residence in Baltimore: No. 2402 Roslyn Ave Sec. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Jany 7. (Month) (Day), 1845 (Year)

7-AGE: 71 yrs. 0 mos. 28 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Secy. & Treasurie
(b) General nature of industry, business, or establishment in which employed (or employer): D. S. Johnson Co. Engrs 215

9-BIRTHPLACE (State or country): Md. (City)

PARENTS

10-NAME OF FATHER: Wm H. Chase

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jane Treadway

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip H. Chase

(Address) 3406 Bateman Ave

15 MAR 6 - 1916 Filed ....., 191.....

HARRY O. ARLETS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 5th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 1914, to. March 4th 1916.

that I saw him alive on March 4 ....., 1916.

and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

Cerebral Meningoencephalitis

(Duration) — yrs. 10 mos. — ds

Contributory (SECONDARY) Arteria Sclerosis

(Duration) unknown yrs. ..... mos. ..... ds.

(Signed) Manus Nazarbey M. D.

March 5, 1916. (Address) 214 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Green Mound

DATE OF BURIAL: March 7 1916.

20-UNDERTAKER: Ed. Whitehurst & Co.

ADDRESS: 16 W. Fayette St

(92889) (92889)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2006 Monumenier Court ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dalewski

(Residence in Baltimore: No. 2006 Monumenier Court St.: yrs., 25 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1876
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

PARENTS.

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Frank Schultz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Julia Gabriel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Salewski

(Address) 2006 Monumier Court

(15) MAR 6 - 1916 HARRY O. ...

Filed ....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) D. (D.) Jones M. D.
(Coroner.)

March 4, 1916 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Mar 7th, 1916.

20-UNDERTAKER M. F. Sadowski

ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92590 C92590

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Onebuck

(Residence in Baltimore: No. 206 Lemmon Alley St.; yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. 5, 1916
(Month) (Day) (Year)

7-AGE, 12 hr.
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland (Co.)

PARENTS.

10-NAME OF FATHER. Harry Onebuck

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Louise

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Onebuck

(Address) 206 Lemmon Alley

15-

Filed MAR 6 - 1916 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 5 1916, to Mar. 6 1916, that I saw h[illegible] alive on Mar. 6 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. ds.

(Signed) Edward A. Sennet M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer. DATE OF BURIAL, March 6 191 6

20-UNDERTAKER Tully & Zirkin ADDRESS 403 S. Broadway

C92891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-28

C92891

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1017 Low St. ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Loes

(Residence in Baltimore: No. 1017 Low St. St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Wht.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 11, 1893 (Month) (Day) (Year)

7-AGE: 23 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Bot Black

9-BIRTHPLACE (State or country): Grusa

PARENTS

10-NAME OF FATHER: George Loes

11-BIRTHPLACE OF FATHER (State or country): Grusa

12-MAIDEN NAME OF MOTHER: Mildred Thelore

13-BIRTHPLACE OF MOTHER (State or country): Grusa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Loes

(Address) 1017 Low St.

15. MAR 6 - 1916 ..... 191.. ROBERT ..... ERAUER, Registrar Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1916, to, Mar 5 1916, that I saw h~~im~~ alive on Mar 3rd, 1916, and that death occurred, on the date stated above, at 2.30 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 6 mos. ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) A L Tumbleson M. D.

Mar 5, 1916. (Address) 2013 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: March 7, 1916

20-UNDERTAKER: Geo. L. Schwab & Bro — ADDRESS: 2101 Eutaw Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C92892

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405 Tyson ST.: 4 WARD)

2-FULL NAME Evelyn Jones

(Residence in Baltimore: No. 405 Tyson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word)
Female	Colored	Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1908 (Year)

7-AGE, ... yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Jones

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Fannie Willis

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Jones

(Address) 405 Tyson

15- MAR 6 - 1916 PROMPT ERADICATE

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows: (

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wheeler Lavan M. D.
(Coroner.)

March 5, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	3-6, 1916
20-UNDERTAKER	ADDRESS
Samuel Handley	518 W. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92893

CERTIFICATE OF DEATH.

91

C92893

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 E. Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman W. Kein

(Residence in Baltimore: No. 1837 E. Eager St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1913 (Year)

7-AGE, ... yrs. 10 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emil A. Kein

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosa M. Kittinger

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil A. Kein

(Address) 1837 E. Eager

15- MAR 6 - 1916 filed....., 191.... HOLMES, BRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to March 5 1916, that I saw him alive on March 5 1916 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John S. Fenby M. D.

3/6, 1916 (Address) 1223 N. Carlton st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, March 7, 1916

20-UNDERTAKER Pikler & Pikler — ADDRESS 1739 E. Eager

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92894

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C92894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Heller,

(Residence in Baltimore: No. 608 W. German st. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Unknown,

6-DATE OF BIRTH, ...?.... (Month) ....?.... (Day) 1856, (Year)

7-AGE, 60 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broom maker,
(b) General nature of industry, business, or establishment in which employed (or employer): 463

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant,

(Address) .....

15 MAR 6 - 1916 ROBERT . KRAUTER,
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Chronic myocarditis,
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Fraurek Kemp M. D.
(Coroner.)

Mar. 6th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 608 W. German st

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mar 6, 1916

20-UNDERTAKER, Wm. McCauley

ADDRESS 1624 Mc Regal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92895 120 C92895

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 BREVARD ST. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME OWEN BANAGHAN

(Residence in Baltimore: No. 1000 BREVARD ST. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
MALE	WHITE	WIDOWER.

6-DATE OF BIRTH, MARCH 5th., 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... NONE
(b) General nature of industry, business, or establishment in which employed (or employer)..... AT HOME.

9-BIRTHPLACE, (State or Country). IRELAND

PARENTS.

10-NAME OF FATHER, PATRICK BANAGHAN

11-BIRTHPLACE OF FATHER (State or Country). IRELAND

12-MAIDEN NAME OF MOTHER CATHERINE McGOVERN.

13-BIRTHPLACE OF MOTHER (State or Country). IRELAND

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) MICHAEL F. BANAGHAN.

(Address) 1000 BREVARD ST.

15- Filed MAR 6 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Some time in 1913, to March 3rd 1916, that I saw h[illegible] alive on March 3rd 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

[illegible] (Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Myocarditis Contributory

(Duration)...yrs.....mos. 4 ds.

(Signed) C B Gamble Jr M. D.

March 5th, 1916. (Address) 26 N. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, March 7th, 1916.

20-UNDERTAKER Chas. F. Ware & Son ADDRESS 118 Mount Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92896 C92896

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2135 Madison avenue, St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigfried Neuman,

(Residence in Baltimore: No. Bellvieu-Manchester Apartments, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower,

6-DATE OF BIRTH, December (Month) 25th (Day) 1840. (Year)

7-AGE, 75 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing man'fr'
(b) General nature of industry, business, or establishment in which employed (or employer): retired 15 yrs.

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Ignatz Neuman,

11-BIRTHPLACE OF FATHER (State or Country), Europe,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Neuman, son,

(Address) Beula-Villa Apartments.

15- Filed MAR 6 - 1916, 191.. ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis,
(Probably)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Mar. 5th, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Mar. 7, 1916

20-UNDERTAKER, Harold Sondheim — ADDRESS, 1101 Madison

C92897

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C92897

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1139 Denver ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Bunn

(Residence in Baltimore: No. 1139 Denver St.: 50 yrs. 5 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept 19, 1865 (Month) (Day) (Year)

7-AGE: 50 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Glass blower
(b) General nature of industry, business, or establishment in which employed (or employer): 239

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Philip Bunn

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Catherine Miller

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 100 E 20th St

MAR 6 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb, 1915, to March 4 1916, that I saw h.m. alive on March 4, 1916, and that death occurred, on the date stated above, at 9.35 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) Cardiac failure

(Duration) ..... yrs. ..... mos. 1½ ds.

(Signed), Walter C Bacon M. D.

March 5, 1916 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: March 7, 1916

20-UNDERTAKER: J. F. McG. Flynn

ADDRESS: 1822 Light St

C92898

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 C92898

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 825 Harlem Av ST.; 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T Whaley

(Residence in Baltimore: No. 825 Harlem Ave St.; 23 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 19 (Day), 1855 (Year)

7-AGE: 60 yrs. 7 mos. 15 ds. If LESS than day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Wm W Whaley

11-BIRTHPLACE OF FATHER (State or country): Del.

12-MAIDEN NAME OF MOTHER: Elizabeth McQuay

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary E. Whaley
(Address) 829 Harlem Ave

15. Filed MAR 6 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Febry 12, 1916, to March 4th 1916, that I saw him alive on Mch 4, 1916, and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver
Duration unknown. Known previous
4 patient- prior to Febry 12
(Duration) ..... yrs. ..... mos. ..... ds
Contributory (SECONDARY) None
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Pearce Kintzing M. D.
Mch 6th, 1916 (Address) 1321 N Charles St,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 7, 1916

20-UNDERTAKER: Chas E. Franck — ADDRESS: 802 Madison Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92899

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 (92899)

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1930 W Lombard ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Conor Trott

(Residence in Baltimore: No. 1930 W Lombard St.; 53 yrs. 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Oct 26, 1862 (Month) (Day) (Year)

7-AGE 53 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Henry Trott

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Eliz Trotting

13-BIRTHPLACE OF MOTHER (State or country) New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary M. Hill

(Address) 1824 W. Mulberry St.

MAR 6 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 4th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1916, to March 4 1916 that I saw her alive on March 4, 1916 and that death occurred, on the date stated above, at 6 30P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Benj Dr Allen M. D.

March 5, 1916. (Address) 404 N. Payson st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 7, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92900

10 C92900

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 540 E 22nd St.; 9 WARD)
REGISTERED No. C.....

2-FULL NAME Mary A Kuhn

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 540 E 22nd St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 16, 1848
(Month) (Day) (Year)

7-AGE, 67 yrs. 4 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Wickman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joseph A Kuhn
(Address) 540 E 22nd

15-
Filed MAR 6 - 1916, 191.....
ROBERT J. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26, 191.., to March 5, 191.., that I saw her alive on March 4, 191.., and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. Myers Westbrook M. D.

March 6, 191.. (Address) 1618 Gorsuch Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 8, 191..

20-UNDERTAKER Wm Cook R. — ADDRESS 542 E Fayette

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Westbrook — Gorsuch Ave 1618

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92901 C92901

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Bonnie Prot. Infirmary ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Daniel Stabler

(Residence in Baltimore: No. 2034 Walbrook Ave, Baltimore St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, ... Mar (Month) ..... 31 (Day) ..... 1868. (Year)

7-AGE, ... 47 yrs. 11 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... United Railways

9-BIRTHPLACE, (State or Country), Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, Adam Stabler

11-BIRTHPLACE OF FATHER (State or Country), Balti Co. Md.

12-MAIDEN NAME OF MOTHER, Miss Rebecca Evans

13-BIRTHPLACE OF MOTHER (State or Country), Balti Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Stabler

(Address) 2024 Wallbrook ave

15- NOLAN, KRAUTER, Filed MAR 6 - 1916 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) ..... 4 (Day) ..... 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1916, to Mar 4 1916, that I saw him alive on Mar 4 1916, and that death occurred, on the date stated above, at 12 09 m.

The CAUSE OF DEATH* was as follows:

Paralysis of Depression of the Respiratory Centers after Operation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Burns S. Chaffee M. D.

Mar 5, 1916. (Address) 24 W. 9

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2034 Walbrook Ave, Baltimore

19-PLACE OF BURIAL OR REMOVAL. Parkton Md — DATE OF BURIAL, March 7, 1916.

20-UNDERTAKER Ed. Roy Stauffler — ADDRESS 844 N 36th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C52902

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

C52902

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrett Hospital for Children ST.; 14 WARD) REGISTERED NO. C 37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Pentland Kleff

(Residence in Baltimore: No. 2232 Pennsylvania Ave St.; 0 yrs., 4 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 27 (Day) 1915 (Year)

7-AGE, 0 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Hazel Pentland

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate S. Tillo

(Address) 531 N. Fremont Ave

15- MAR 6 - 1916 NORRIS E. FRAUTER, Filed ..., 191.. Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26 1916, to March 6, 1916, that I saw him alive on March 5 10 pm 1916, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

Nephritis, acute glomerular, syphilitic Mitral regurgitation, (Autopsy Wassermann above.) (Duration) 0 yrs. 0 mos. 13 20 ds.

CONTRIBUTORY (Secondary) Syphilis, early congenital (Duration) 0 yrs. 4 mos. 9 ds.

(Signed) Howard Kemp M. D.

3-6-, 1916 (Address) Garrett Hospital for Children

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 9 ds. In the State 0 yrs. 4 mos. 9 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2232 Pennsylvania Ave.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, March 7..., 1916

20-UNDERTAKER Geo. W. Tillo ADDRESS 531 N Fremont Ave

Wm Pfrommer.

C92903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 C92903

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 4 Bon Secours Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Wm Pfrommer

(Residence in Baltimore: No. 603 S Patterson Park Ave. 42 St.; yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, November (Month), 1 (Day), ... (Year)

7-AGE, 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Employee

9-BIRTHPLACE, (State or Country): Germany

PARENTS:

10-NAME OF FATHER, Frederick Pfrommer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ross

(Address) 603 S Patterson Pl Ave

15 MAR 6 - 1916 ROBERT F. BRAUER, Filed ..... 191 ..... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

2.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema of Abdomen and Arms

Stairway (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis L Russell (Coroner) M. D.

June 6th 1916 (Address) 1126 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 603 S Patterson Park Ave

Former or usual residence 603 S Patterson Pl Ave

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem

DATE OF BURIAL, March 8, 1916

20-UNDERTAKER, J Ennis & Co

ADDRESS 2008 Aliceanna St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92904

CERTIFICATE OF DEATH.

91 C92904

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Robert ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger Conklin Mitchell Jr.

(Residence in Baltimore: No. 524 Robert St.; 1 yrs., 9 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 9 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Roger C. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Agnes Mosher

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. C. Mitchell Jr.

(Address) 524 Robert St.

15-MAR 6 - 1916 BOARD OF HEALTH, Burial Permit Dist'r.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6 (Month), 1916 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1915, to March 5 1916, that I saw him alive on March 5 1916, and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. 2 mos. ds.

(Signed) Wm H. Wright M. D.

March 5, 1916 (Address) 1709 Preston and St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Cemetery	Mar 7 1916
20-UNDERTAKER	ADDRESS
Samuel J. Hemsley	57 S. Bond

C92905

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92905

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 110 Albemarle St.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Furman

(Residence in Baltimore: No. 110 Albemarle St.; yrs., 5 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1876
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Custom work

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER, Israel Furman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Aller

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Furman

(Address) 1711 E. Baltimore St.

15- MAR 6 - 1916 ROBERT J. KRAUTH, Burial Permit Clerk.
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March....4...., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....inquest.... (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Jones M. D.
(Coroner)

March 6, 1916 (Address) 311 S. O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt. Carmel Rd	3/7, 1916
20-UNDERTAKER	ADDRESS
Jack Levin	1419 E. Balto St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 92906

CERTIFICATE OF DEATH.

1916 C 92906

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1715 E Eager St.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A Munson

(Residence in Baltimore: No. 1715 E Eager St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb (Month) ....., 1854 (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cutter Work 70
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt Mfg Co.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Wm H Henderson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Susan E Brash

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John H Henderson
(Address) Pittsburgh Pa

15- Filed MAR 6 - 1916 191.... ROBERT E. CRAIGHILL, Chief Public Health Statistician Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Status Lymphaticus

(Duration) ... yrs. ... mos. ... ds.

(Signed) Eugene F Cassell M. D.
(Coroner.)
March 6, 1916 (Address) 18 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, March 7, 1916

20-UNDERTAKER W E Hughes | ADDRESS 17 S Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 2907 — 19 — C 2907

1 PLACE OF DEATH Little Sisters of the Poor — REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... St.: 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdaline Eff

(Residence in Baltimore: No. 518 W. Preston St. St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED. (Write the word): Single

6-DATE OF BIRTH: January (Month) 24 (Day) 1866 (Year)

7-AGE: 49 yrs. 1 mos. 11 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Joseph Eff

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Magdaline Sankt

13-BIRTHPLACE OF MOTHER (State or country): .....

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAR 7 - 1916, 191 — HARRY O. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November, 191, to March 5, 191 6, that I saw h.. alive on March 5, 191 6, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart
Marasmus (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. A. Warner M. D.

March 6, 1916. [Address] 1133 Valley st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 7 mos. ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 518 W Preston St

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. — DATE OF BURIAL: March 7, 191 6

20-UNDERTAKER: Harry W. Ehlen — ADDRESS 1904 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C92908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92908

CERTIFICATE OF DEATH.

× 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Ritter U.S.

(Residence in Baltimore: No. University Hospital St.; yrs. mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June 26 [redacted], 1846
(Month) (Day) (Year)

7-AGE 69 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm ...
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Christian Ritter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ritter

(Address) 1029 N. Charles St.

15- Filed MAR 7 - 1916, 191... HARRY O. ARGERSINGER, Clerk Burial Permit ... Registrar.

(over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 5 1916, that I saw h[illegible] alive on March 5 1916, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis Cardiac Decompensation

(Duration) unknown

CONTRIBUTORY (Secondary) Vascular Lesion

(Duration) unknown

(Signed) H. Ritter M. D.

3/5, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Saundersville Md.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, March 7, 1916.

20-UNDERTAKER Mrs. F. Evans Sons

ADDRESS 1428 N. Charles St.

C92909

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C92909

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2007 N. Pulaski ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Kelly

(Residence in Baltimore: No. 2007 N. Pulaski St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: March (Month) 5 (Day) 1916 (Year)

7-AGE .....yrs.....mos.....ds. If LESS than 1 day, 11 hrs., or .....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Lawrence Kelly

11-BIRTHPLACE OF FATHER (State or country) Ind

12-MAIDEN NAME OF MOTHER Louise Nordhouse

13-BIRTHPLACE OF MOTHER (State or country) Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Kelly

(Address) 2007 N. Pulaski

MAR 7 - 1916 Filed ....., 191.... HARRY O. ANDREWS, Marial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1916, to, March 5 1916, that I saw h.im alive on March 5 1916, and that death occurred, on the date stated above, at 5.50 p. m.

The CAUSE OF DEATH* was as follows:

Premature infant;
6 months intrauterine
11 hours old (Duration) ....yrs....mos....ds.

Contributory (SECONDARY) .....(Duration) ....yrs....mos....ds.

(Signed), C W Hoffman M. D.

March 6 ,191.... [Address] 2100 W. North ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: March 7 1916

20-UNDERTAKER: Joseah Syfer — ADDRESS: 1600 N. North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARYLAND REGISTRATION

C92910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79 C92910

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 427 N. Exeter St.: 5 WARD)

2-FULL NAME Elizabeth McCaddin

(Residence in Baltimore: No. 316 N. Front St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If Under 1 Year, yrs., 2 mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, October 28, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Richard Garrett.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ann Noonan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Ashworth

(Address) 413 N. Front St.

15-
Filed MAR 7 - 1916 191. HARRY O. ARLERS, Assist. Perm't Otcr's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH*, was as follows: Acute cardiac dilatation.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic endocarditis.

(Duration) 7 yrs. ....mos. ....ds.

(Signed) Thos. F. Chambers M. D.
(Coroner.)

March 6 1916 (Address) 18 N. Front St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rood Cem	Mar 8, 1916
20-UNDERTAKER E. J. Fanning	ADDRESS Lafayette Ave & Washington Ln

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C92911

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Clayton.

Residence in Baltimore: No. Colgate Creek, Md St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Sing

6-DATE OF BIRTH, Feb 29, 1916. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Joseph Clayton.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Neal

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker, MD

(Address) Johns Hopkins Hosp.

15- MAR 7 - 1916 1916 HARRY O ANDREWS, Burial Permits Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29 1916, to Mar. 2 1916, that I saw him alive on Mar. 2 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. ds.

(Signed) Wm. L. Holman M. D.

Mar 2, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSP	MAR 7 - 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. L. Holman

FOR ANATOMICAL PURPOSES.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92912

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1721 Maryland Ave ST.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula M. Mason

(Residence in Baltimore: No. 1721 Maryland Ave. St.; yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Female.	Colored.	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
27 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 877

9-BIRTHPLACE, (State or Country), ~~City~~ Md.

PARENTS.

10-NAME OF FATHER, Samuel Mason

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Asked but Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Asked but Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Green.

(Address) 1721 Maryland Ave.

15- MAR 7 - 1916 BUREAU OF VITAL STATISTICS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (~~Inquest~~, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Peritonitis & Septicaemia following self inflicted abortion of about 5 week foetus

..... (Duration) ..... yrs. ..... mos. 1-? ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hoskins Chambers M. D. (Coroner.)

March 7, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Druid Ridge Md	Mar 8, 16
20-UNDERTAKER	ADDRESS
H S Marshall	2539 Pall Rd

Spec.—8-24-14—M. & T.—2000 Blks.

C92913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C92913

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 W White ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Johnson

(Residence in Baltimore: No. 1809 W White St.; [redacted] yrs., — mos., — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bell Johnson

(Address) 1809 White St

15-

MAR 7 - 1916

Filed ....., 191.. HARRY O. ANGELL, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar [redacted] 5, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 6th 1916, that I saw h[redacted] alive on March 5 1916, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A R Habbett M. D.

3/6, 191.6 (Address) 11 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, March 7, 1916.

20-UNDERTAKER Theo H Hooper — ADDRESS 609 Fulton Ave

Spec.—8-24-14—M. & T.—2500 Bks.

C92914

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92914

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 865 Rhinehart ST.; 21 WARD) REGISTERED NO. C.....

2-FULL NAME Catherine A Trubenger

(Residence in Baltimore: No. 865 Rhinehart St.; ..... yrs., 10 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 6, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm J. Trubenger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna V Hucks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Trubenger

(Address) 865 Rhinehart St.

15-

Filed MAR 7 - 1916 HARRY O. ANDREWS, Registrar.

Burial Permit Oliver

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Mar 5 1916, that I saw h[illegible] alive on Mar 5 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. O. Campbell M. D.

Mar 5, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery DATE OF BURIAL, Mar 7, 1916

20-UNDERTAKER Chas. B. Cook ADDRESS 1003 W Balto

C92915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92915

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2818 N Calvert St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline L. Johnson

(Residence in Baltimore: No. 2818 N. Calvert St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept. (Month) 21 (Day), 1843 (Year)

7-AGE, 72 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Geo. W. Collett.

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. E. Luther

(Address) 2818 Calvert St

15- MAR 7 - 1916 Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas E. Hayes M. D. (Coroner)

Mar 6, 1916 (Address) 2640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Mar 8, 1916

20-UNDERTAKER Robt. J. Turner ADDRESS 1442 W. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92916

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92916

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N Patterson Pk Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E. Fogler

(Residence in Baltimore: No. 21 N. Patterson Park Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 14th (Day) 1875 (Year)

7-AGE: 40 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer): Pools & Bowling Rms

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: H. C. Fogler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: unknown

12-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrude Fogler

(Address) 21 N Patterson Park Ave

15- MAR 7 - 1916 ..... 191..... BAKER O. ARNOLD, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26, 1916, to, Mar 5 = 1916, that I saw him alive on Mar - 4 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Enteric Fever.

(Duration) yr. mos. 3 ds.

Contributory (SECONDARY) Pneumonia (Lobar)

(Duration) yr. mos. 3. ds.

(Signed) Geo. Clinton Biddle M. D.

3/7/16 .....191..... [Address] 1437 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn

DATE OF BURIAL: Mar 8th, 1916

20-UNDERTAKER: Graham F. Walker

ADDRESS: 1136 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C92917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 76 C92917

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Belle Price

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ...yrs., ...mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 9, 1901.
(Month) (Day) (Year)

7-AGE, 14 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm Price

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Lemmie E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Phelps

(Address) Johns Hopkins Hosp.

15- Filed MAR 7 - 1916, 191... HARRY O. ANDREWS, Marital Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 8 1916, to Mar. 7 1916, that I saw h[illegible] alive on Mar. 7 1916, and that death occurred, on the date stated above, at 1 05 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ...yrs. 3 mos. ...ds.

(Signed) C E Hamill M. D.

March 7, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 28 ds. In the State ...yrs. ...mos. 28 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Monoskon, Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mary Point Va	Mar. 7..., 1916.
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C92918

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92918

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 423 N. Pine ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Miller

(Residence in Baltimore: No. 423 N. Pine St.; 60 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) 1833 (Year)

7-AGE, 83 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... 721

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Nash

(Address) 1208 Ethel St

15- MARY C. ARLES

Filed MAR 7 — 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 — 1916, to Mar. 4 1916, that I saw h er alive on Mar. 3 1916, and that death occurred, on the date stated above, at 2.30 Pm.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

..... (Duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Dementia

..... (Duration) ..... yrs. ..... mos. 18 ds.

(Signed) Jno. H. Jones M. D.

Mar 6, 1916. (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon — DATE OF BURIAL, ..., 1916

20-UNDERTAKER Jane L. Stanley — ADDRESS 578 N. Paca

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92919

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

C92919

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1127 E. North av. ST.: 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jane Matthews

(Residence in Baltimore: No. 1127 E. North av. St.; 79 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Female	White	Widowed

6-DATE OF BIRTH July 29, 1836 (Month) (Day) (Year)

7-AGE 79 yrs. 7 mos. 7 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Scotland.

PARENTS

10-NAME OF FATHER McLeod.

11-BIRTHPLACE OF FATHER (State or country) Scotland.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or country) Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie L. Kellar

(Address) 1127 E. North av.

MAR 7 - 1916

Filed ....., 191.... MARY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 7, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 21, 1916, to, March 6 1916, that I saw h.er alive on March 6, 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Grip.

..... (Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) Uremic poisoning.

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed), Hugh Forsythe. M. D.

March 7, 1916. (Address) 1246 E. North av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Mar 9, 1916.

20-UNDERTAKER	ADDRESS
Weaver Bros	501 E. 20th

Spec.—8-24-14—M. & T.—2000 Bks.

C92920

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92920

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis G Kellogg

(Residence in Baltimore: No. 803 Kenwood Ave St.; 10 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 2, 1885 (Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Francis D. Kellogg

11-BIRTHPLACE OF FATHER (State or Country) Connecticut

12-MAIDEN NAME OF MOTHER Mary D. Donaty[illegible]

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis D. Kellogg

(Address) 803 N. Kenwood Ave

15- Filed MAR 7 - 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 4th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 29, 1916, to March 4 1916, that I saw him alive on March 4 1916, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ....yrs. ....mos. 14 ....ds.

(Signed) Millard L Rasmon M. D.

March 4, 1916 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 10 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 803 Kenwood Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, March 7, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2330 Jefferson

Spec.—5-19-13—M. & T.—500 Bks.

C92921

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92921

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Appleton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Female – not named – 1st of Twins Children of Edward F and Cora May Dunnock

(Residence in Baltimore: No. 1032 Appleton St ..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Mch (Month) 3 (Day), 1916 (Year)

7-AGE, ✓ yrs. ✓ mos. ✓ ds.

If LESS than 1 day, ✓ hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward F. Dunnock

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Cora M. Geisinger

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C. Shannon

(Address) 700 Fulton ave

15- Filed MAR 7 - 1916, 191... MARY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 3 1916, to Mch 3 1916, that I saw h— alive on never seen alive 191, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Premature birth – coming on accidentally

(Duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) No criminal act

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) Geo C. Shannon M. D.

Mch 3, 1916. (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mch 7, 1916

20-UNDERTAKER W J Tuckerton — ADDRESS North Pa

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C9292 C9292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Fitzpatrick

(Residence in Baltimore: No. ~~Not Known~~ 218 N. Biddle St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Unknown, 1869
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ind (City)

PARENTS.

10-NAME OF FATHER, John Fitzpatrick

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15- Filed MAR 7 - 1916, 191.. HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 4 1916, to Mar 6 1916, that I saw h[illegible] alive on Mar 6 1916, and that death occurred, on the date stated above, at 7:15 A. m.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Cerebritis

(Duration) yrs. mos. 1/2 ds.

(Signed) Edward [illegible] M. D.

Mar 6, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Lifetime yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Not known

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Mch. 8 1916 191..

20-UNDERTAKER, C. Fitzpatrick ADDRESS 2433 N. Howard Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92923

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92923

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1504 E. Pratt St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Reck

(Residence in Baltimore: No. 1504 E. Pratt St.: (40) yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. 17, 1864
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 6 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor 530
(b) General nature of industry, business, or establishment in which employed (or employer): P. & B. R. R.

9-BIRTHPLACE, (State or Country), South America

PARENTS.

10-NAME OF FATHER, John Reck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kasper

(Address) 2738 Fleet Ave

15-MAR 7 - 1916 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or iuquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.
(Coroner.)
Mch. 5th, 1916. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Mch. 7, 1916
20-UNDERTAKER	ADDRESS
J. B. Kasper	2738 Fleet Ave

• WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C92924

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92924

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W Randall ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Miller

(Residence in Baltimore: No. 130 W Randall St.: 78 yrs., mos. ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Know
(Month) (Day) (Year)

7-AGE, 78 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Mr Shuman

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Geo Bredermyer

(Address) 1465 Patapsco St

15- MAR 7 - 1916

Filed ....., 191.... HARRY O. ARLANDS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 3rd 191 6, to March 5 191 6, that I saw her alive on March 5th 191 6, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Immediate (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Stacy B Koll M. D.

March 5 191 6 (Address) 1363 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Cedar Hill Cem — DATE OF BURIAL, March 8 191 6

20-UNDERTAKER P. & M. D. Flynn — ADDRESS 1432 Light

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92925

151 C92925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Bloomsbury ST. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Henry L. Grahe (Grohe)

(Residence in Baltimore: No. 117 Bloomsbury St St.: ....yrs., ...mos. 15 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 28, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 15 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick J. Grahe

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nettie Waller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Grahe

(Address) 117 Bloomsbury St.

15-

Filed MAR 7 1916 191.... HARRY O. ABRAMS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1916, to March 6 1916, that I saw h.. alive on March 4 1916 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Bruce R. Dunn M. D.

Mar. 7 1916. (Address) 1223 St. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery — DATE OF BURIAL, March 8, 1916.

20-UNDERTAKER P. J. McDonnell — ADDRESS 1432 Light St.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C92926 C92926

HEALTH DEPARTMENT---CITY OF BALTIMORE 28

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2668 Frederick Ave. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Sylvester Ball

(Residence in Baltimore: No. 2668 Frederick Ave. St.; 35 yrs. ..... mos. ..... ds.)

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None for past 977 Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 2 yrs. Previous

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John H. Ball

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Catherine Carr

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Emma Ball

(Address): 2668 Frederick Ave.

15- Filed MAR 7 - 1916, 191.....

HARRY O. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 4 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1916, to, March 4 1916, that I saw h.im alive on March 4 1916, and that death occurred, on the date stated above, at 11.30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Unknown yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H. O'Neill M. D.

March 6, 1916. [Address] 108 N. Sutton Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 3/8 1916

20-UNDERTAKER: Henry W. Dreas & Son

ADDRESS: 805 N. Calvert St

C92927

HEALTH DEPARTMENT—CITY OF BALTIMORE

36
C92927

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No. 1606 Argyle avenue, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Mamie Thomas,

(Residence in Baltimore: No. 1606 Argyle avenue,

St.; yrs., 3 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, November (Month) 30th (Day), 1915. (Year)

7-AGE, 0 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Mary E. Thomas,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Byson, friend,

(Address) 1606 Argyle avenue,

15- MAR 7 - 1916 (BAMES C ANDREWS)
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infantile convulsions probably due to Rhachitis,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Bedner Wenzel M. D.
(Coroner.)

Mar. 6th, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, March 7, 1916

20-UNDERTAKER Sam'l E. Chas Hardcastle

ADDRESS 1400 Pulaski

Spec.—5-19-13—M. & T.—500 Bks.

092928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

092928

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S Ann st ST.; W WARD) REGISTERED NO. C

2-FULL NAME Stanislaw Marcisjewski

(Residence in Baltimore: No. 513 S Ann St.; yrs., mos., 17 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 18, 1916 (Month) (Day) (Year)

7-AGE, yrs. mos. 17 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 513 S. Ann st

PARENTS.

10-NAME OF FATHER, Francaszek Marcisjewski

11-BIRTHPLACE OF FATHER (State or Country), Rumn Poland

12-MAIDEN NAME OF MOTHER Stanislawa Lewandowska

13-BIRTHPLACE OF MOTHER (State or Country) Rumn Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Sienkiewicz M.D.

(Address) 221 S. Broadway

15- MAR 7 - 1916 BUREAU OF REGISTRATION, 191... Burial Permit Given, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to March 6 1916, that I saw him alive on March 6th 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Auto-intoxication

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) yrs. mos. 17 ds.

(Signed) Alexander A. Sienkiewicz M. D.

March 6, 1916. (Address) 221 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 17 ds. In the State yrs. mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 513 S Ann st

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary Cem. DATE OF BURIAL. Mar 8, 1916

20-UNDERTAKER Jacob Fialkowski ADDRESS 728 S Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

C92929

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92929

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Hope ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Sheridan

(Residence in Baltimore: No. 1703 Hope St.; 20 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 8th (Day), 1866 (Year)

7-AGE, 50 yrs. 7 mos. 26 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Plumber 333
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Journeyman

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Benjamin Sheridan

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Mary Dempsey

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas Sheridan

(Address) 1703 Hope St.

15- Filed MAR 7 - 1916, 191.. MARRIAGE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 3, 1916, to March 5, 1916, that I saw h... alive on March 4, 1916, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Thomas Wade M. D.

March 6, 1916. (Address) 19 W. Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lambertville Cemetery N.J.	March 8, 1916.
20-UNDERTAKER George F. Ruth	ADDRESS 1736 Harford Ave.

Spec.—5-19-13—M. & T.—500 Bks. Dennis J. Mc Cambridge

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92930 — CERTIFICATE OF DEATH. — 120 — C92930

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 W. Baltimore ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis J. Mc. Cambridge

(Residence in Baltimore: No. 2141 W. Baltimore St.; about 70 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1st. (Day), 1846 (Year)

7-AGE, 70 yrs. 1c mos. J da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Yard Foreman for B & O R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): the last 20 years for B & O R.R.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Mc. Cambridge

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Celia A. Griffin

(Address) 2141 W. Baltimore St.

15- MAR 7 - 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 24, 1916, to March 5th 1916, that I saw him alive on March 5th 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. unknown mos. da.

(Signed) H. E. Shaw M. D.

3-6-, 1916 (Address) 827 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 8, 1916

20-UNDERTAKER F. A. Krause — ADDRESS 708 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92931

CERTIFICATE OF DEATH.

90

C92931

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha L. Frazier

(Residence in Baltimore: No. 934 W. Franklin St.; ..... yrs. ..... mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April 7 (Month) ..... (Day), 1835 (Year)

7-AGE, 80 yrs. 11 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Mark Grafton

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Keziah Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry C. Frazier

(Address) 2314 Guilford Ave

15- Filed MAR 7 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1916, to March 7th 1916, that I saw her alive on Feb 6th 1916, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Slight Bronchitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Feb. 7th 1916 (Address) 1001 E. Oliver

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, March 9, 1916

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 50 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92932

CERTIFICATE OF DEATH.

28 C92932

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 W Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Tierney.

(Residence in Baltimore: No. 741 W Lexington St.; 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	white.	married

6-DATE OF BIRTH, ... December 2, 1862.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
53 yrs. 3 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wife.

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Michael Garry.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ellen Garry.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Lynch

(Address) 741 W Lexington

15- MAR 7 - 1916 ROBERT J. RAUTH, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. ..... 7 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1916, to Mar 7 1916, that I saw her alive on Mar 5 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... about .....

..... (Duration) ...1... yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Krumbhaar M. D.

Mar 7, 1916. (Address) 1002 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	March 9, 1916.
20-UNDERTAKER	ADDRESS
John F. Cowan Son.	901 Hollins St.

C92933

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C92933

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 E. Madison St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Brewer

(Residence in Baltimore: No. 812 E. Madison St. St.; ..... yrs. 25 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Feb 4, 1916 (Month) (Day) (Year)

7-AGE ..... yrs. 1 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Herbert Brewer

11-BIRTHPLACE OF FATHER (State or country) Balto Co Md

12-MAIDEN NAME OF MOTHER Bertha Jones

13-BIRTHPLACE OF MOTHER (State or country) Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herbert Brewer

(Address) 812 E Madison St

MAR 7 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed ....., 191- REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 6, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 29, 1916, to, March 6 1916, that I saw h.. alive on March 6 1916, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 6 yrs — mos. 9 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John Patrick M. D.

March 7, 1916 [Address] 936 S Monument

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Cross Bur DATE OF BURIAL March 8 1916

20-UNDERTAKER L C Wiedefeld Jr ADDRESS 2113 Greenmount Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Ida Slodkin

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92934

CERTIFICATE OF DEATH.

170 C92934

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida SLODKIN.

(Residence in Baltimore: No. 47 N. Caroline St.; 1 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown ....., 1871
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Lewis .....

(Address)..... 1419 E Balt St .....

15- Filed MAR 7 - 1916, 191.. ROBERT . KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 7 1916, that I saw h.r alive on March 7 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed). Marcus Ottus M. D.

March 7, 1916. (Address). Hebrew Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 47 N. Caroline St

Former or usual residence at Home

19-PLACE OF BURIAL OR REMOVAL, Hebrew in Carmel | DATE OF BURIAL, 3/8, 1916

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balt St

Spec.—8-27-14—M. & T.—2000 Bks.

C92935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 C92935

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Lefkee

(Residence in Baltimore: No. 645 W. Fayette St. St.; 12 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known, ... 1 ..... (Month) (Day) (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bon Mercy Hospital

(Address) Gilmor St

15-

Filed MAR 7 - 1916, 191.. ROBERT . GRAUER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1916, to Mar. 7 1916, that I saw her alive on Mar. 7 1916 and that death occurred, on the date stated above, at 03 a.m.

The CAUSE OF DEATH* was as follows:

..... Cystitis

.....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Mar 7, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 12 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 645 W. Fayette St

Former or usual residence 645 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 8, 1916

20-UNDERTAKER H. Lander & Sons — ADDRESS 1718 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92936

CERTIFICATE OF DEATH.

28 C92936

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Argyle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Wallace

(Residence in Baltimore: No. 1037 Argyle Ave St.: 15 yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Don't know, ... (Month) ..... (Day) 1 (Year)

7-AGE. Under 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter 886
(b) General nature of industry, business, or establishment in which employed (or employer). Hotel

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Don't know

11-BIRTHPLACE OF FATHER (State or Country). Don't know

12-MAIDEN NAME OF MOTHER. Don't know

13-BIRTHPLACE OF MOTHER (State or Country). Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ragan

(Address) 1067 Argyle Ave

15- MAR 7 - 1916 Filed ....., 191.. ROBERT P. BRADLEY, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15. 1916, to March 5 1916, that I saw h[illegible] alive on March 4 1916, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno G. Shuter M. D.

March 7, 1916. (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	March 8, 1916
20-UNDERTAKER John A. Bishop	ADDRESS 107 N Howard

George W. Lamphear.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92937

CERTIFICATE OF DEATH.

× 28 C92937

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Lamphear

(Residence in Baltimore: No. University Hospital St.; .....yrs. .....mos. 15 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Feb 18 ....., 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. 18 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... News Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 455

9-BIRTHPLACE, (State or Country), Wisconsin

PARENTS.

10-NAME OF FATHER, Ed. Lamphear

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Margaret Tuntpren

13-BIRTHPLACE OF MOTHER (State or Country) New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) The Deceased

(Address) University Hosp

15- Filed MAR 7 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 7 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1916, to March 7 1916, that I saw h. alive on March 7 1916., and that death occurred, on the date stated above, at 1.25 a. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis

.....

.....

..... (Duration) ..... yrs. ..... mos. Unknown ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ..... mos. ..... ds.

(Signed) E. Howard Donella M. D.

3/7/16, 191... (Address) Lawrence Apts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Laurel, Md.

19-PLACE OF BURIAL OR REMOVAL, Rockville N. Y. DATE OF BURIAL, Mar 8..., 191 6

20-UNDERTAKER Chas. E. Foust & Son ADDRESS 847 Lond Royal Ave

Spec.--8-24-14—M. & T.—2000 Bks.

C92938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92938

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L. Lister

(Residence in Baltimore: No. 333 N. Gilmor St., 53 yrs., \ mos. \ ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec. (Month) 14 (Day), 1841 (Year)

7-AGE, 74 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt. of Building
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Ellicott City Md.

PARENTS.

10-NAME OF FATHER, Thomas Lister

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Eliz. Sunderland

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine L. Lister

(Address) 333 N. Gilmor St

15- Filed MAR 7 - 1916, 191.....

ROBERT , BRAUTIGAM
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 1916, to Mar 6 1916, that I saw h im alive on Mar 6 1916, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harvey L. Todd M. D.

3-6..., 191.6 (Address) 703 N. Exeter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, March 8, 1916

20-UNDERTAKER George J. Smith

ADDRESS 1000 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92939

CERTIFICATE OF DEATH.

28 C92939

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1811 Park Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine M. Coale

(Residence in Baltimore: No. 1811 Park Ave. St.; 14 yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. 3rd (Month) (Day), 1839 (Year)

7-AGE, 76 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John Mathews

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Eliza Weller

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Coale

(Address) 1811 Park Ave

15- Filed MAR 7 1916 191.. ROBERT P. BRATTON, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1912, to March 1916, that I saw her alive on Mar. 5th 1916, and that death occurred, on the date stated above, at 10.45 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) — yrs. — mos. — ds.

(Signed) Gordon Taylor M. D.

Mar....., 1916. (Address) 42 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Mch 8, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 12 & W. Fayette St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92940 HEALTH DEPARTMENT—CITY OF BALTIMORE 175

CERTIFICATE OF DEATH.

C92940

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann General Hospital ST. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Cornell,

(Residence in Baltimore: No. 1813 Poplar Grove street, St.; yrs., life mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, November (Month) 9th (Day), 1849. (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 3 mos. 27 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machine hand, 27
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penna. R. R.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Michael Cornell,

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania,

12-MAIDEN NAME OF MOTHER Julia A. Barton,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Martha Cornell, wife,

(Address)...1813 Poplar Grove street.

15- Filed MAR 7 - 1916, 191... ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull and internal injuries caused by being accident struck by an automobile,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Frederick Neuget M. D.
(Coroner.)

Mar. 7th 1916. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 4/12 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 10th 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1005 W. Balto St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92941 — PLACE OF DEATH

92 C92941 — REGISTERED No. C

CITY OF BALTIMORE (No. 2827 Hudson St. 5th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Jane Merritt

(Residence in Baltimore: No. 2827 Hudson St. 42 yrs. mos. ds.)

* WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: April 15, 1853 (Month) (Day) (Year)

7-AGE: 62 yrs. 10 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Hans Bell

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Jane Lambey

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Alice Merritt

(Address) 2827 Hudson St

15- MAR 7 - 1916 Filed ....., 191.. ROBERT . KRAUTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1916, to March 6th 1916.

that I saw h[illegible] alive on March 5 - 1916.

and that death occurred, on the date stated above, at 4a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) H. L. Bullard M. D.

March 7, 1916 (Address) 3105 Allendale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: W. Laurel Cem — DATE OF BURIAL: March 8, 1916

20-UNDERTAKER: J. Kerr & Co — ADDRESS: 2008 Allendale

C92942

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92942

78

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1632 Druid Hill Ave ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bertha E. Bond

(Residence in Baltimore: No. 1632 Druid Hill Ave ST.: 23 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ..... (Month) ....., 1892 (Year)

7 AGE: 23 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): 775

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Jno H. Bond

11 BIRTHPLACE OF FATHER (State or country): Balto. City

12 MAIDEN NAME OF MOTHER: Alice Johns

13 BIRTHPLACE OF MOTHER (State or country): Balto. City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Bond

(Address) 1632 Druid Hill

MAR 8 - 1916

Filed ....., 191.... HARRY O ARGERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1916, to March 6 1916

that I saw h[er] alive on March 5 1916

and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. 3 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. 3 ds.

(Signed) Edw F Fitzgerald M. D.

March 6, 1916 (Address) 1632 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: March 8, 1916

20 UNDERTAKER: John H. Toadvine ADDRESS 143 W. Hill St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92943

CERTIFICATE OF DEATH.

170

C92943

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Rieber

(Residence in Baltimore: No. 1026 W Cross St St.; 25 yrs. - mos. - ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, September 17, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Rieber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Smith

(Address) Johns Hopkins Hospital

15-
MAR 8 - 1916
Filed....., 191.... HARRY O ARCHER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 9 1916, to March 5 1916, that I saw her alive on March 5 1916, and that death occurred, on the date stated above, at 11 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insuff.

(Duration) ? yrs. mos. ds.

(Signed) V. R. Mason M. D.

March 6, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1026 W. Cross St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 8, 1916

20-UNDERTAKER Leo Lumbach & Bro — ADDRESS 687 N Betts

C92944

HEALTH DEPARTMENT--CITY OF BALTIMORE

C92944

CERTIFICATE OF DEATH

92

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 613 Homestead St. 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Blick, Elizabeth Marcella

(Residence in Baltimore: No. 613 Homestead St.; 39 yrs. 10 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Widowed

6 DATE OF BIRTH: December (Month) 4 (Day), 1834 (Year)

7 AGE: 81 yrs. 3 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore County Md

PARENTS

10 NAME OF FATHER: Wilks Bowen

11 BIRTHPLACE OF FATHER (State or country): Baltimore County Md

12 MAIDEN NAME OF MOTHER: Elizabeth Taylor

13 BIRTHPLACE OF MOTHER (State or country): Baltimore County Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Josiah A. Bowen

(Address) Mt. Washington, Md

15. MAR 8 - 1916 191 HEALTH O[illegible] Burial Permit Oler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1916, to. Mar 7 1916, that I saw her alive on Mar 7- 1916, and that death occurred, on the date stated above, at 4.25 P m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), L. G. Ornitz M. D.

Mar. 7, 1916 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	March 9, 1916

20 UNDERTAKER	ADDRESS
John B. Spencer	1325 N. Caroline St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

9261 will call

C92945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 C92945

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1543 Orleans ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel Rosenberg

Residence in Baltimore: No. 1543 Orleans St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White Hebrew.

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: Unknown, 1850 (Month) (Day) (Year)

7 AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor 482
(b) General nature of industry, business, or establishment in which employed (or employer): Sonneborns Clothing House

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Rosenberg

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Rosenberg

(Address) 1543 Orleans St

15 Filed MAR 8 - 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 7, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1916, to March 7 1916, that I saw h~~im~~ alive on March 6, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of throat
Larynx Muscles & Deglutition
extended down Dorsal column
Operation Performed (Duration) yrs. mos. ds
Contributory (SECONDARY) Exhaustion (Duration) yrs. mos. ds.

(Signed) Harry Goldberg M. D.
3-7, 1916 (Address) 2031 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1543 Orleans St

19 PLACE OF BURIAL OR REMOVAL: Harbor Hebrew Rem — DATE OF BURIAL: Mar 7, 1916

20 UNDERTAKER: D. Levinson & Bro — ADDRESS 1607 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92946

CERTIFICATE OF DEATH.

103 C92946

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 Shores ST.: 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Worden

(Residence in Baltimore: No. 844 Shep St.: —yrs., —mos.,— ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, February 8, 1893.
(Month) (Day) (Year)

7-AGE. 23 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): In private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Snowden

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Marbey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Snowden

(Address) Brooklyn Md.

15- Filed MAR 8 - 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Mar. 6 19..,
that I saw her alive on Mar. 5 19..,
and that death occurred, on the date stated above, at 9.50 P m.
The CAUSE OF DEATH* was as follows:

Acute Carditis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) — yrs. 2 mos. — ds.

(Signed) W. H. Rue Dan'l Ky M. D.

Mar 7, 1916 (Address) 1215 Mt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch A.A.C. Md. DATE OF BURIAL MAR. 8 - 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92947

CERTIFICATE OF DEATH.

28 C92947

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 McHenry ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lee Powell

(Residence in Baltimore: No. 2527 McHenry St. St.; Lifetime yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1895 (Year)

7-AGE, 20 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Journeyman)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm F Powell

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Laura A Waller

13-BIRTHPLACE OF MOTHER (State or Country), G. A. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Powell

(Address) 2527 McHenry St

15- Filed MAR 8 - 1916 HARRY O. ARLEARS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to March 7 1916, that I saw h[illegible] alive on March 6 1916, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

March 7 1916 (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK.

DATE OF BURIAL, MAR 10 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

Hawkins

C92948

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital 17 — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Madison St. and Linden Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paul Rivers (Hawkins)

(Residence in Baltimore: No. 123 West 21st St. Baltimore St.; 35 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown ....., 1860
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Hostler 577
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Union Transfer Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Moses Scott

(Address) 566 Pratt Mon St

15- MAR 8 - 1916 BUREAU OF STATISTICS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 22nd 191.., to March 6th 1916, that I saw him alive on March 6th 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Femur

(Duration) 1 yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. H. Moses M. D.

March 6th, 1916. (Address) Maryland Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State 56 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 123 W. 21st St Balto

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	March 9 1916

20-UNDERTAKER Felix B Dye ADDRESS 102 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

C92949

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92949

CERTIFICATE OF DEATH.

× 64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Reinsnyder

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. October (Month) 31 (Day), 1871 (Year)

7-AGE. 44 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Foreman Sht
(b) General natnre of indnstry, business, or establishment in which employed (or employer)..... Railroad Shops

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Charles Reinsnyder

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Barbra Mellen

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Reinsnyder

(Address) Harwood Md

15-

Filed MAR 8 - 1916, 191.. BARRY O ARLANTS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to March 6 1916, that I saw h.. alive on March 6 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Cerebral

2 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ?

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter L Richard M. D.

Mar 6, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? in work of B & O RR

Former or usual residence Dorsey's Md

19-PLACE OF BURIAL OR REMOVAL. Dorseys Howard Co — DATE OF BURIAL. March 9, 1916

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS Penn & North

Spec.—8-24-14—M. & T.—2000 Bks.

C92950

HEALTH DEPARTMENT—CITY OF BALTIMORE

9r C92950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 St.; 18 Ward) University Hospital

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bradley T Barbour

(Residence in Baltimore: No. 1138 W Lombard St. St.; 43 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Not Known ....., 18 73
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... 43 yrs. ..... mos. ..... ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Dry Goods

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Chas B. Barbour

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER — Mother

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs Young .....

(Address) ..... 1138 W Lombard St .....

15-
Filed MAR 8 - 1916, 191.....
HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3/6 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/5 1916, to 3/6 1916, that I saw him alive on 3/6 1916, and that death occurred, on the date stated above, at 5 40 P m.

The CAUSE OF DEATH* was as follows:

..... Labor Pulmonia .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

3/6, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... 43 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1138 W Lombard St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	March 9, 1916.
20-UNDERTAKER	ADDRESS
John L Fields 1200 W Lombard St	

C92951

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92951

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospt ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Gardner.

(Residence in Baltimore: No. 1428 Ward St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1901. (Year)

7-AGE,	If LESS than 1 day,
15 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR 8 - 1916 MABEL O. ARNOLD

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. Clothing ignited from heater.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) Frank Ulman M. D.
(Coroner.)

March 7th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State. 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1428 Ward St

Former or usual residence 1428 Ward St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAR 7 - 1916
20-UNDERTAKER Commissioner of Health.	ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

Spec.—8-24-14—M. & T.—2000 Bks.

C92952

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C92952

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irwin E. Sudloff

(Residence in Baltimore: No. 1913 Jefferson St.; ....yrs.,....mos. 5 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Mar 2nd (Month) (Day), 1916 (Year)

7-AGE, ...yrs....mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Irwin Sudloff

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Helen Strassheim

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irwin Strassheim

(Address) 1913 Jefferson

15-

Filed MAR 8 1916 191.... Harry O. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2d 1916, to March 7th 1916, that I saw h[illegible] alive on March 7th 1916 and that death occurred, on the date stated above, at 4 50 P. m.

The CAUSE OF DEATH* was as follows:

(a) Myocardial Debility

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) H. Herman Fiering M. D.

March 8, 191.6. (Address) 1400 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Mar 8, 191.6

20-UNDERTAKER Phil J. Herring — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C92953

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92953

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 N. Eden St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Uhlhorn

(Residence in Baltimore: No. 34 N. Eden St., St.; Lifetime yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 27 (Month) (Day), 1835 (Year)

7-AGE, 57 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo. L. Fornoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Fornoff

(Address) 909 Bennett Pl.

15- Filed MAR 8 - 1916, 191.... HARRY O. ANDERS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 5th 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-2-1916, to 3-5-1916, that I saw her alive on 3-4-1916 and that death occurred, on the date stated above, at 9'50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Indefinite (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Myocarditis + Chronic Interstitial Nephritis

about (Duration) 1 yrs. 6 mos. 4 ds.

(Signed) J. Albert Millar M. D.

3/6/16, 191.6. (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews — DATE OF BURIAL, Mar 8, 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 C92954

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Shelter for Aged Colored Women ST. ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Purnell

(Residence in Baltimore: No. 517 W Biddle St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), ... (Day), 1834 (Year)

7-AGE: 82 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Cook

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Don't know

11-BIRTHPLACE OF FATHER (State or country): Don't know

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER (State or country): Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W Sharton
(Address) 517 W Biddle

15. MAR 8 - 1916 191 MARY O O'REILLY, Burial Permit Clerk
REGISTRAR

Mh. 7. 6187

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1915, to March 6 1916
that I saw h[illegible] alive on May 6 1916
and that death occurred, on the date stated above, at 8.30 A.M.
The CAUSE OF DEATH* was as follows:
(Enteric Dysentery)
Ulcer of Legs
— (Duration) — yrs. 5 mos. — ds
Contributory (SECONDARY) Gangrene of Thighs
— (Duration) — yrs. 1 mos. — ds.
(Signed) [illegible] M. D.
March 8, 1916. (Address) 1316 St Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 17 yrs. — mos. — ds. In the State 82 yrs. — mos. — ds.
Where was disease contracted if not at place of death? Shelter for Aged & Infirm Women
Former or usual residence " " " " "

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery
DATE OF BURIAL: March 8 1916

20-UNDERTAKER: Chas E Franek
ADDRESS: 802 Madison

C92955

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92955

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2558 N. Balto. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Godfrey.

(Residence in Baltimore: No. 2558 N. Balto. St.; 75 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, March (Month) 27th (Day), 1838 (Year)

7-AGE, 77 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Cigar Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): Mfg.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. N. Leaken

(Address) 2558 N. Balto St.

15-MAR 8 - 1916

Filed....., 191.... HARRY O. ARCHER, CITY REGISTRAR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. 6 mos. ds.

(Signed) Samuel Hamburg M. D. (Coroner.)

March 8th, 1916. (Address) 2332 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cemetery	March 9th, 1916
20-UNDERTAKER	ADDRESS
George J. Smith	1000 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92956

CERTIFICATE OF DEATH.

100 C92956

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Vine ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delma Smith

(Residence in Baltimore: No. 809 Vine St.; 2 yrs., 7 mos. 21 ds.)

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 14, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Harry Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J Brown

(Address) 809 Vine St

15- Filed MAR 8 - 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 191 6, to March 6 191 6, that I saw h..... alive on March 6 191 6, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Peto-Pharyngeal abscess

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic Tonsilitis

(Duration) yrs. mos. 7 ds.

(Signed) H. Norwood M. D.

March 6, 191.. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Feb. 9, 1916
20-UNDERTAKER	ADDRESS
Charles P. Jones	1118 W. Saratoga St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

C92957

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C92957

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 816 N Fulton av ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella A Durr-

(Residence in Baltimore: No. 816 N. Fulton av St.: 70 yrs. 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widowed

6-DATE OF BIRTH Oct (Month) 11 (Day), 1845 (Year)

7-AGE 70 yrs. 4 mos. 25 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home.

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER Samuel Stewart.

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Catherine Thompson

13-BIRTHPLACE OF MOTHER (State or country) Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Augustus Paper

(Address) 816 N Fulton av,

15 MAR 8 - 1916 Filed ....., 191 HARRY O. ARLANTS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March - 6 - (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1916, to, March - 6 - 1916, that I saw h-- alive on March - 6, 1916, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(Duration) 4 8 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martin A Short M. D.

March 7 - 1916 (Address) 806 N Fulton ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	March 9, 1916
20-UNDERTAKER Bertram E Gore	ADDRESS 1423 W Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92958

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92958

28

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Lafayette Ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen C. O'Neill

(Residence in Baltimore: No. 1606 E. Lafayette Ave. St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July. (Month) ..... (Day) 1881 (Year)

7-AGE: 35 year ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: B. Tulley.

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Katherine Tulley.

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas O'Neill

(Address) 1606 E. Lafayette ave

15- Filed MAR 8 - 1916, 191 ALBERT O. ANDRAE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March - (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec-2 -, 191 5, to, March-6 1916, that I saw h.. alive on March-6 1916, and that death occurred, on the date stated above, at 8-10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY): Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Elmer G. Hall M. D.

March-7, 1916. [Address] 1617 E. North Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: March 9th, 1916

20-UNDERTAKER: George J. Ruth.

ADDRESS: 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C92959

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92959

CERTIFICATE OF DEATH.

5 - 91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Kellner

(Residence in Baltimore: No. 24 N High St St.; 1 yrs. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Sing

6-DATE OF BIRTH, March 8th, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Mot Kellner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Yetta Fahey

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Lewis

(Address) 1419 E Balto st

15-

FILED MAR 8 - 1916, 191..... BABBY O ARLENS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to March 8 1916, that I saw h er alive on March 8 1916, and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H W Krantz M. D.

Mar 8, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 5/6 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 24 N. High st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 3/8, 191..6

20-UNDERTAKER Jack Lewis — ADDRESS E Balto st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Blks.

C92960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C92960

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N. Madeira ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Hutchins

(Residence in Baltimore: No. 518 N. Madeira St.; 2 yrs., — mos. — ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept. 16, 1892
(Month) (Day) (Year)

7-AGE, 23 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jerry Hutchins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Simpson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hutchins

(Address) 1002 N. Chapel St.

15-

Filed MAR 8 - 1916, 191.....

HARRY O. ARLANDS,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1916, to March 6 1916, that I saw h er alive on March 6, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) A. K. Bolton M. D.

3/7, 1916 (Address) 611 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Mar. 8, 1916.

20-UNDERTAKER Milton Davis & Co

ADDRESS McElderry Pl

Spec.—8-24-1?—M. & T.—2000 Blks.

C92961

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92961

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Lafayette Ave. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Henry

(Residence in Baltimore: No. 703 W. Lafayette Ave. St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 12. (Month) (Day) 1861 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. 2 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Not any
(b) General nature of industry, business, or establishment in which employed (or employer)..... occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Hollingsworth

(Address) 703 W. Lafayette Ave.

15- MAR 8 - 1916 HARRY O. ANDREWS,

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1914, to March 7 1916, that I saw her alive on March 7 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Kemp M. D.

March 8., 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, Oct. 9, 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 120 N. Fayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C92962

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S Amity ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Lewis

(Residence in Baltimore: No. 2 S. Amity St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cald

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Unknown ....., 1..... (Month) (Day) (Year)

7-AGE. 3Y ....yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Drover of
(b) General nature of industry, business, or establishment in which employed (or employer)..... Truck Farm

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J Carr

(Address) 609 Forest Ave

15- Filed MAR 8 - 1916, 191... BANK OF ARMED, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to Mch 7 1916, that I saw h... alive on Mch 7 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Organic Disease of Heart

..... (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) yrs. mos. ds.

(Signed) H H Wood M. D.

Mch 7/1916. (Address) 709 N Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ft Auburn cemetery

DATE OF BURIAL, Mch 10 191...

20-UNDERTAKER Geo H Hooper

ADDRESS 1092 Eutaw Pl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92963

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92963

CERTIFICATE OF DEATH.

REGISTERED No. C 79

(PLACE OF DEATH

CITY OF BALTIMORE (No. 149 East ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Martin

(Residence in Baltimore: No. 149 East St.

St.: 53 yrs., \ mos. \ ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Widowed

6-DATE OF BIRTH: Unknown, 1863
(Month) (Day) (Year)

7-AGE: 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Md. (City)

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Benson

(Address) 150 East St.

15- Filed MAR 8 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy or inquiry.~~) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy or inquiry.~~) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration), yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. ds.

(Signed) Harold Saunders M. D.
(Coroner.)

March 8, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Mar. 9, 1916

20-UNDERTAKER Geo. H. Holland

ADDRESS 577 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92964 C92964

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3775 Rosedale ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Handlers

(Residence in Baltimore: No. 3775 Rosedale St. St.; .....yrs.,.....mos.....ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 7 (Day), 1915 (Year)

7-AGE, ...yrs. 3 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Joseph Handlers

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Ida Clark

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Handlers

(Address) 3775 Rosedale St.

15- MAR 8 - 1916 HEALTH OFFICER'S Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1916, to March 7 1916 that I saw h.. alive on March 6 1916 and that death occurred, on the date stated above, at 7 A m

The CAUSE OF DEATH* was as follows:

Heart - Colitis

..... (Duration).....yrs.....mos. 20 ds

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds

(Signed) Howard W. Jones M. D

March 8, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 8, 1916
20-UNDERTAKER	ADDRESS
Patrick A. Hannon	1911 E. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

C92965

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C92965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Hanford Ave ST.; 12 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Walter McKay

(Residence in Baltimore: No. 1807 Hanford Ave St.; 9 yrs., ... mos. ..... ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. (About 58)

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... House 1714

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, George McKay

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... George McKay

(Address) 1807 Hanford Ave

15-

Filed MAR 8 - 1916, 191... MARKT O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 8 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1916, to Mch 8 1916, that I saw him alive on Mch 8 1916, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

.....
Paralysis
.....
..... (Duration) ..... yrs. ..... mos. 5 ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 8 ..... ds.

(Signed) L. A. Linthicum M. D.

Mch 8, 191 6 (Address) 1124 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Deltar Penna. DATE OF BURIAL, March 9, 1916.

20-UNDERTAKER Wm Cook ADDRESS 602 Northern

Via Tus & Pa RR. c/o Geo Hickey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92966

CERTIFICATE OF DEATH.

79

C92966

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Graham

(Residence in Baltimore: No. 502 S. Milton Ave St.; 70 yrs., 6 mos. 17 ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 8th (Day), 1845 (Year)

7-AGE, 70 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Keyser

11-BIRTHPLACE OF FATHER (State or Country), Va. U.S.A.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va U.S.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E Graham

(Address) 502 S Milton

15- Filed MAR 8 - 1916 BARRY O. ARNOLD, 16) Burial Permit Clerk Registrar.

Dr Hill 2011 Pratt Street

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10th 1916, to Mar 6th 1916, that I saw h[illegible] alive on Mar 5th 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Mitral Regurgitation

..... (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Arthur Webb Jr. M. D.

....., 191... (Address) 2011 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 9., 1916.

20-UNDERTAKER Wm Cook — ADDRESS No 2 E Hare

Spec.—8-24-14—M. & T.—2000 Bks.

C92967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C92967

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1117 N. Fremont 19 WARD)
REGISTERED No. C

2-FULL NAME John W Matthews

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1117 N. Fremont Ave St. 64 yrs., - mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Widower

6-DATE OF BIRTH, Feb 8, 1852
(Month) (Day) (Year)

7-AGE: 64 yrs. - mos. 28 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker (Bread)
(b) General nature of industry, business, or establishment in which employed (or employer): 710

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country) Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John E. Matthews
(Address) 1117 N. Fremont

15-
Filed MAR 8 - 1916, 191... HARRY O ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 7, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1916, to Mar 7 1916, that I saw him alive on Mar 7 1916, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ...yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous nephritis (Duration) ...yrs. ...mos. ...ds.

(Signed) J. Baldwin Jacobs M. D.

Mar 7..., 191.6 (Address) 841 W. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mar 10, 1916

20-UNDERTAKER Sullivan Cook — ADDRESS 502 E. North

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×15 C92968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) Mercy Hospital ST.; WARD)

REGISTERED No. C

2-FULL NAME J. Melvin Green Jr.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Mt. Washington St.; Mercy Hospital yrs., mos., 31 hours ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Mar. 5, 1916 (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 31 hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Balto Maryland.

PARENTS.

10-NAME OF FATHER, J. Melvin Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma L. Farmer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. K. Green

(Address) Mercy Hosp.

15- Filed MAR 8 - 1916. ROBERT . FRAZIER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1916, to Mar. 8 1916, that I saw him alive on Mar. 8 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

(a) Pyuria Pyelitis Left

12 hrs.

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

3 hrs (Duration) ...yrs...mos...ds.

(Signed) Edward L. Smith M. D.

Mar 8, 1916. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos. 2½ ds. In the State ...yrs...mos. 2½ ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt. Washington, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	3.9, 1916
20-UNDERTAKER	ADDRESS
Henry W. Meamon	805 N. Calvert

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92969

CERTIFICATE OF DEATH.

81 C92969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E Twenty Second ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wallace Leatherbury

(Residence in Baltimore: No. 306 E Twenty Second St. Age 30 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Widower OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Dec 1, 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Leatherbury

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Renshaw

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Daniel D Green

(Address) 306 E 21st St

15- MAR 8 - 1916 ROBERT P. KRAUTER,
Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 3rd 1916, to Mch 8 1916, that I saw h[illegible] alive on Mch 7 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: Sarcoma Left Groin
Probably Metastasis
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia
(Duration) yrs. mos. ds.

(Signed) Edward Boyer M. D.
Mch 8, 1916. (Address) 925 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem'l	Mch 11, 1916.
20-UNDERTAKER	ADDRESS
William H. Shriver	1618 Edmondson Ave

MARGIN ... WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92970 HEALTH DEPARTMENT---CITY OF BALTIMORE C92970

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C 170

CITY OF BALTIMORE: (No. 2118 Eastern Ave. St.: 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 10.)

2-FULL NAME Margaret A. Gordon

(Residence in Baltimore: No. 2118 Eastern Ave. St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ---------- (Month), 1 (Day), (Year)

7-AGE: 45 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Martin Gordon

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Stevens

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Mary E. Gordon

(Address) 2118 Eastern Ave.

15- Filed MAR 8 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 29, 1916, to March 6, 1916, that I saw h... or alive on March 6, 1916, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Did not Know (Duration) — yrs. mos. ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ... yrs. mos. 1 ds.

(Signed) Frederick D. Grove M. D.

March 8 1916. [Address] 2827 Calvert St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 3/9/16, 191...

20-UNDERTAKER: Henry W. Means & Son

ADDRESS: 805 N. Calvert St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1.30

C92971

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C92971

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2243 E. Fayette ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Smith

(Residence in Baltimore: No. 2243 E. Fayette St.: 18 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH ..... unknown (Month) ..... (Day) ....., 1855 (Year)

7-AGE 61 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Gordon

(Address) 2243 E Fayette

15- MAR 8 - 1916 ROBERT P. CRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 6, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1916, to March 6 1916, that I saw h er alive on March 6, 1916, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
Pulmonary Edema
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Asthma
(Duration) 1 yrs. 6 mos. ds.

(Signed) Henry B. Athey, M. D.

3/7, 1916 (Address) 200 N. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Cross. | DATE OF BURIAL Mar. 9th 1916

20-UNDERTAKER Geo. A. Moran | ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92972

C92972

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 N. Boone ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles S. Flannery

(Residence in Baltimore: No. 1900 N Boone St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1872 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Auditor 9th
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, James J Flannery

11-BIRTHPLACE OF FATHER (State or Country), Ireld

12-MAIDEN NAME OF MOTHER Louisa Coupland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Flannery

(Address) 1900 N. Boone St.

15- Filed MAR 8 - 1916 ROBERT P. BRUTSCH, Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 6 1916, that I saw h[illegible] alive on March 6 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho.

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alfred Allwarr M. D.

March 7, 1916 (Address) 1531 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 9 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 866 Lafayette Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C92973 — 92C92973

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2627 Hafer St. WARD 20)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia Grasser

Residence in Baltimore: No. 2627 Hafer St.

(If non-resident give STATE or COUNTRY instead of street and number.)

(If under 1 year, give AGE in months, days or hours. If under 24 hours, give AGE in hours or minutes. If over 1 year, give AGE in years.) Age: 53 yrs. 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 22nd (Month) (Day), 1862 (Year)

7 AGE: 53 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Chas. Fahnhof

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Dout.

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frany Grasser

(Address) 2627 Hafer St

MAR 8 - 1916 Filed ....., 191.....

ROBERT J. CRAIG Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 8 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1916, to March 8 1916, that I saw h.. alive on March 7, 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia,

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), W. A. Lucas M. D.

March 10, 1916. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	March 11th 1916.
20 UNDERTAKER: Chas. W. Dill	ADDRESS 3109 Fred'k Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C92974

HEALTH DEPARTMENT—CITY OF BALTIMORE

Franklin Square Hosp

136

C92974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West End Maternity Hos. 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Christopher

(Residence in Baltimore: No. 1226 Ashland Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day) 1874 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Edwd. Christopher

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Kline

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Wilson

(Address) 1226 Ashland Ave

15- MAR 8 - 1916 ROBERT , KRAUTH, Registrar.
Filed....., 191..... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Mch. 8 1916, that I saw her alive on Mch. 8 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus

..... (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Haemorrhage

Shock (Duration) yrs. mos. 1 ds.

(Signed) Geo. H. Smart M. D.

3/8....., 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1226 Ashland Ave

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, March 11, 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E Wilt Ave

(Over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92975

CERTIFICATE OF DEATH.

92 C92975

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 E. Lombard ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Katz

(Residence in Baltimore: No. 1134 E. Lombard St.; 27 yrs. — mos. — ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 84 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Applestein

(Address) 1134 E. Lombard st

15-MAR 8 - 1916 ROBERT . ERAUTH,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 8 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to March 6 1916, that I saw h Er alive on March 6 1916, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) Abram C. Katz M. D.

3. 8., 1916. (Address) 116 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 27 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1134 E Lombard st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rising Sun — DATE OF BURIAL, March 9, 1916

20-UNDERTAKER L. Levinson & Bro — ADDRESS 1107 E Baltimore st

Spec.—5-19-13—M. & T.—500 Bks.

C92976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+109 C92976

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Park Infirmary St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel V. Brown

(Residence in Baltimore: No. Union Park Infirmary St.: ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. (Month) ..... 2 (Day), 1887 (Year)

7-AGE, ... 17 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Winchester, Va

PARENTS.

10-NAME OF FATHER, James M. Brown

11-BIRTHPLACE OF FATHER (State or Country), Fredericksburg, Va

12-MAIDEN NAME OF MOTHER Rosa T. Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Martinsburg, W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Minnie Brown

(Address) ..... Winchester Va.

15- Filed MAR 8 - 1916 191 ..... HOWARD A. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 5 1916, that I saw h.. alive on March 5 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction following Operation for Focal Peritonitis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Brunus S. Chaffee M. D.

March 5, 1916. (Address) 14 W. 119

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 5 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Winchester, Va

19-PLACE OF BURIAL OR REMOVAL, Winchester Va — DATE OF BURIAL, Mar 8, 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1553 N. Bal. St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92977

CERTIFICATE OF DEATH.

40 C92977

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Nachemofsky

(Residence in Baltimore: No. 29 S. Caroline St.; 4 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 67
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nathan Nachemofsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ephriam Nachemofsky

(Address) 29 S. Caroline St.

15- Filed MAR 9 - 1916, 191... BUREAU OF VITAL STATISTICS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 8 1916, that I saw him alive on March 8 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

1. Probable Cancer of Stomach
Uremia, Chronic
Interstitial Nephritis
(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Marcus Astee M. D.

3/8, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 29 S. Caroline St

Former or usual residence 29 S Caroline St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Belair Road — DATE OF BURIAL, Mar 9, 1916

20-UNDERTAKER I Lemmon & Bro — ADDRESS 1107 E Baltimore St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92978

C92978

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Eutaw ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Noonan

(Residence in Baltimore: No. 327 N. Eutaw St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1852 (Year)

7-AGE, 63 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Jewelry Business

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Robt. J. Noonan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Alice Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Noonan

(Address) 327 N. Eutaw St

15- Filed MAR 9 - 1916, 191... CLERK OF ARCHIVES Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th (Month) 1916 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17th 1916, to Tues Mar 7 1916, that I saw him alive on Mon March 6 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1. Cancer Diagnosis
Examination & Microscopic
Cancer of Stomach & Liver (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Anemia - Emaciation (Duration) yrs. mos. ds.

(Signed) John C. Hammett M. D.

....., 191... (Address) 739 Mass Parkway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	3/11, 1916
20-UNDERTAKER	ADDRESS
McLean & Jones	833 Linden Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92979

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92979

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital St.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schade (Schade)

(Residence in Baltimore: No. 2938 Elliot st. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 28, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 29 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steveder 50
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Schade.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Kramer

(Address) 845 S. Kenwood Ave

15- MAR 9 - 1916 Filed, 191 ROBERT O. ARNENS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 191 x, to Mar 8 191 6, that I saw h[illegible] alive on Mar 8 191 6, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Ptrsonation, Stomach and Intestines

Probably Tuberculosis of intestines

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cystomitis?

(Duration) yrs. mos. 2 ds.

(Signed) C. H. Warner M. D.

Mar 8, 1916. (Address) Saint Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2938 Elliot st.

Former or usual residence 2938 Elliot st.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, March 10, 1916

20-UNDERTAKER Eby Zell ADDRESS 4038 Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

C92980

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92980

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Bensinger

(Residence in Baltimore: No. 1236 S Eutaw St St.; —yrs.—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) June (Day) 14 (Year) 1878

7-AGE, 37 yrs. 8 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L Bensinger

(Address) 1236 S. Eutaw st.

15-

Filed MAR 9 - 1916 HARRY O. ARLANDS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 7 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to March 7 1916, that I saw h.LW alive on March 7 1916, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation with dilatation and hypertrophy

Antecedents Chronic Nephritis (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

3/7, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1236 S Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, March 10 1916

20-UNDERTAKER E. Schloman & Son — ADDRESS 1039 E Hanover st

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92981 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92981

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Durham St.; ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard Elmer Lively

(Residence in Baltimore: No. 723 N. Durham St.; St.; 8 yrs., 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 7th, 1907 (Month) (Day) (Year)

7-AGE, 8 yrs. 7 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Geo Lively

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Murray.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Lively

(Address) 723 N. Durham St

15- MAR 9 - 1916 HARRY O. ARLETT,

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1916, to March 8th 1916, that I saw h— alive on March 7th 1916, and that death occurred, on the date stated above, at 5.10 a.m.

The CAUSE OF DEATH* was as follows:

(1) Pulmonary Tuberculosis

(2)

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Young M.D.

March 8th 1916. (Address) 2537 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel	March 10 1916.
20-UNDERTAKER	ADDRESS
John W. Henderson	314 Caroline

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92982

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

CERTIFICATE OF DEATH.

C92982

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 578 Baker street, St.: 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Grimes,

(Residence in Baltimore: No. 578 Baker street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, October (Month) 7th (Day), 1913. (Year)

7-AGE, 2 yrs. 5 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, David Tiller,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Etta Grimes,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Etta Grimes, mother,

(Address) 578 Baker street.

15- Filed MAR 9 - 1916, 191.. HARRY O. ARCHER'S [illegible] (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over the entire body caused by child playing with matches and igniting clothing, accident.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frederick McCampbell M. D. (Coroner.)

Mar. 9, 1916. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 9, 1916

20-UNDERTAKER James F. Dunn — ADDRESS 1361 Pentra

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92983

CERTIFICATE OF DEATH.

120 C92983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3137 N. Calvert ST.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine A. Duckett

(Residence in Baltimore: No. 3137 N. Calvert St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 4th (Month) (Day), 1831 (Year)

7-AGE, 85 yrs. mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Thos. Vickery

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Graham

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert A. Selden

(Address) 3137 N. Calvert St.

15- Filed MAR 9 - 1916, 191... HARRY G ANDERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 1903, to March 8 1916, that I saw her alive on March 8 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis - endocarditis

old age

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 2 ds.

(Signed) John A. Fletcher M. D.

March, 191... (Address) 1025 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, March 10, 1916.

20-UNDERTAKER C. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C92984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C92984

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Luzerne Ave (ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Eggerstedt

(Residence in Baltimore: No. 416 N. Luzerne Ave St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 7th, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 10 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Molz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward R. Eggerstedt

(Address) 416 N. Luzerne Ave

15-

Filed MAR 9 - 1916, 191[illegible] MARKET O ANDREWS, [illegible] DEPUTY CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 8 1916, that I saw h[illegible] alive on March 8 1916, and that death occurred, on the date stated above, at 2 15P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. P. Butler M. D.

March 9, 1916. (Address) 1711 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Matthews Cemetery — DATE OF BURIAL, March 11 1916.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Fleet St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C92985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C92985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Jefferson ST.; 6 WARD) REGISTERED No. C 78

2-FULL NAME William F. Roesnick

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1821 Jefferson St.) Life (yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 20th (Day), 1870 (Year)

7-AGE, 45 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Machine Shop

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Charles Roesnick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Marr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Raither

(Address) 1821 Jefferson St

15-

Filed MAR 9 - 1916, 191.. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1913 191.., to March 7th 1916, that I saw h[im] alive on March 7th 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency, Hypertrophy of Heart

..... (Duration) 7 yrs.....mos.....ds.

(Signed) Nicholas S. Abraham M. D.

March 8th, 191.. (Address) 1626 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emanuel Cemetery — DATE OF BURIAL, March 11., 1916.

20-UNDERTAKER H. Lauder Sons — ADDRESS 1710 Fleet St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92986 C92986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 William st. ST.; 24 WARD) REGISTERED No. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel M Sayre.

(Residence in Baltimore: No. 1046 William st. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	white	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1899 (Year)

7-AGE,	If LESS than 1 day,
6 yrs. 7 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Charles H Sayre

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence Sayre.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence C B Sayre

(Address) 1046 William st

15-

Filed MAR 9 - 1916, 191.... ALBERT O ANDREWS, Burial Permit 9167 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 8th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 7th 1916, to July 8th 1916, that I saw her alive on July 8th 1916, and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

..... Acute Pneumonia .....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... C. J. D. Stansbury M. D.

July 9, 1916 (Address) 1425 Linden ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
LOUDON PARK.	July 10, 1916
20-UNDERTAKER ARMSTRONG-DENNY CO.	ADDRESS 715 Light St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ED 9-4-16

Spec.—8-24-14—M. & T.—2000 Blks.

C92987

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92987

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Majewski

(Residence in Baltimore: No. 513 S. Dallas St.; ....yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, ... Jan (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Czeslaw Majewski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER Genovefa Raczmaszyk

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Czeslaw Majewski

(Address) 513 S. Dallas St.

15- MAR 9 - 1916 Filed....., 191.... HARRY O. ARLEARS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8 1916, to Mar 9 1916, that I saw h.. alive on Mar 9 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

..... Broncho Pneumonia

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.

Mar 9, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 10, 1916.

20-UNDERTAKER W. J. Gadzowski

ADDRESS 618 Eastern Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

092988 HEALTH DEPARTMENT—CITY OF BALTIMORE 134 092988

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Univ Hosp ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tekla Mieszkowska,

(Residence in Baltimore: No. 1324 Reynolds St St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 7, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER Julius Kostay

11-BIRTHPLACE OF FATHER (State or Country) Poland

12-MAIDEN NAME OF MOTHER Rose Pichicofsky

13-BIRTHPLACE OF MOTHER (State or Country) Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Miesz Kowska

(Address) 1324 Reynold St

15- Filed MAR 9 - 1916, 191... ROBERT O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-3 1916, to 3-7 1916, that I saw her alive on 3-7 1916, and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. mos. ds.

(Signed) P. L. Rush M. D.

3-7, 1916. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 4 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1324 Reynolds St.

Former or usual residence 1324 Reynolds St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar 10, 1916

20-UNDERTAKER, William Fialkowski — ADDRESS 618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

C92989

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92989

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Bank. St.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Skweres

(Residence in Baltimore: No. 1504 Bank St St.; 12 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 8 (Day) 1903 (Year)

7-AGE, 12 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... School girl

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Skweres

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Wladyga Lewandowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Skweres

(Address) 1504 Bank St.

15-

Filed MAR 9 - 1916, 191.... ROBERT O. ARCHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1916, to Mar 8 1916, that I saw her alive on Mar 8 1916, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Heart Lesion

..... (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

..... (Duration) yrs. 6 mos. ds.

(Signed) J. M. Mackenzie M. D.

....., 191... (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 11, 191.6

20-UNDERTAKER William Fiallowski

ADDRESS 160 Eastern Ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

C92990

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92990

CERTIFICATE OF DEATH.

REGISTERED No. C 122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Westwood Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Whitehouse

(Residence in Baltimore: No. 2018 Westwood Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, Jan 29 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Max Whitehouse

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Etta Berling

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Whitehouse

(Address) 2018 Westwood ave

15- Filed MAR 9 - 1916, 191.. AGENT O. ANDREWS Burial Permit 0.19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 9 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6 1916, to Mar 9 1916, that I saw him alive on March 9 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation following 3 successive attacks of Bronchial Pneumonia (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

Mar 7, 1916. (Address) 1616 London Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Hebrew Ln	March 9, 1916.
20-UNDERTAKER	ADDRESS
J Andrews & Co	1616 Madeira

M

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RESERVED FOR BINDING

C92991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 C92991

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1603 Lancaster ST.: 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathias Kneavel

(Residence in Baltimore: No. 1603 Lancaster

St.: 1 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October 6th, 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penna R. R.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Albert Kneavel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Veronica Kneavel (Wife)

(Address) No 1603 Lancaster h.

15- MAR 9 - 1916 ROBERT . GRAUER, Burial Permit Clerk
FILED ..... 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned, Accidental
(Conflagration)
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
(Duration)..... yrs..... mos..... ds.

(Signed) D. W. Jones M. D.
(Coroner.)

March 8th, 1916. (Address) 311 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, March 10, 1916

20-UNDERTAKER Henley Hoech & Son ADDRESS 301 E Fayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

340 C92992 10-15 43 C92992

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Garrison Ave St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alida Ogden Gillin

(Residence in Baltimore: No. 4105 Garrison Ave St.; 1 yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~, Widowed (Write the word.)

6-DATE OF BIRTH, November 10th, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ithica- New York

PARENTS.

10-NAME OF FATHER, Richard L. Hedenberg

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Gertrude Pierson

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Gillin

(Address) 4105 Garrison Ave

15- Filed MAR 9 - 1916, 191.. ROBERT J. BRADLEY, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 7 1916, that I saw h-r alive on March 7th 1916, and that death occurred, on the date stated above, at 4.15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the breast

Clinical Diagnosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) — yrs. — mos. 1 ds.

(Signed) Sydney R. Miller M. D.

March 7, 1916. (Address) 11 East Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Newark N.J. DATE OF BURIAL, March, 191..

20-UNDERTAKER W. J. Tallmadge ADDRESS Nor. Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS reading CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

C92993

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C92993

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1823 Mosher ST. 16 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ida Wright

(Residence in Baltimore: No. 1823 Mosher St.: 62 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 20 (Day), 1853 (Year)

7-AGE: 62 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or country): City Balto.

PARENTS

10-NAME OF FATHER: Edw. Barnes

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Eay. Disney

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Wright

(Address) 1823 Mosher St

15. FILED MAR 9 - 1916 1916 ROBERT J. CRAUTER, Clerk Burial Permit Dist. 2

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 29 - 1916, to March 7 - 1916, that I saw h[illegible] alive on March 7 - 1916, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about 10 days (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Heart Failure

about 3 days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carlton M. Cook M. D.

March 8, 1916. (Address) 1107 Lanvale Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar 10. 1916

20-UNDERTAKER: Wm J. Dickenson ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-24-14—M. & T.—2000 Blks.

C92994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87 C92994

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julian S. Friez

(Residence in Baltimore: No. 1230 E. Baltimore St.; 40 yrs., ~ mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 16th (Month) (Day), 1851 (Year)

7-AGE, 64 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Meteorologist
(b) General nature of industry, business, or establishment in which employed (or employer). Manufacturer

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, Joseph Friez

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER, Margaret Roy Friez

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian Friez

(Address) 1230 E. Balto St.

15- MAR 9 - 1916 ROBERT . FRAUTEN, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to March 9th 1916, that I saw him alive on March 9th 1916, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

1. Tumor of Larynx
2. Tracheotomy
3. (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 0 yrs. 0 mos. 1 ds.

(Signed) Horace W. Byers M. D.

March 9, 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. ~ mos. 2 ds. In the State 40 yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? 1230 E Balto St

Former or usual residence 1230 E Balto St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mar 9, 1916

20-UNDERTAKER Chas S. Towers Son ADDRESS 1118 W. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must be careful in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92995 x 138 C92995

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maternity Hospital 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Jones.

(Residence in Baltimore: No. 3534 Fairmount ave. 21 yrs., 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female. | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, Oct. (Month) 29 (Day), 1894 (Year)

7-AGE, 21 yrs. 4 mos. 15 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country), Balto, Maryland.

PARENTS.

10-NAME OF FATHER, William Noonan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Maggie Smith

13-BIRTHPLACE OF MOTHER (State or Country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Jones

(Address) 3534 Fairmount ave

15- MAR 9 - 1916 ROBERT . KRAUSE Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-4 1916, to 3-7 1916, that I saw h[illegible] alive on 3-7 1916, and that death occurred, on the date stated above, at 2 15 p. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia (Complicating) Influenza

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Eclampsia (Onset Feb)

(Duration) 0 yrs. 0 mos. 4 ds.

(Signed) Charles E. Sims M. D.

3-7, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3½ ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 3534 Fairmount Ave

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Mem. Pk. | DATE OF BURIAL, 3-10, 1916

20-UNDERTAKER H. C. Wiedefeld | ADDRESS 914 Greenmount Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C92996

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C92996

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 142 Mc Phail St. 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Beatrice M. Strong

(Residence in Baltimore: No. 142 Mc Phail St St.: 1 yrs. 1 mos. 21 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH January 8, 1915 (Month) (Day) (Year)

7-AGE 1 yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Hugley Strong

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Nettie Brooks

13-BIRTHPLACE OF MOTHER (State or country) St Mary Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hugley Strong

(Address) 142 McPhail St

15-MAR 9 - 1916 Filed ..... 191 ROBERT ..... Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1916, to March 8 1916 that I saw her alive on March 7, 1916. and that death occurred, on the date stated above, at 11.30 a.m. The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Asa F Wessels M. D.

March 9, 1916 (Address) 2565 Frederick ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cemty

DATE OF BURIAL Mar 10, 1916

20-UNDERTAKER P B Stippert

ADDRESS 2239 Fredk ave

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92997

CERTIFICATE OF DEATH.

92997

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary E. Boutwell

(Residence in Baltimore: No. Church Home & Infirmary St.; ....yrs., 2 mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 30th (Month) (Day), 1870 (Year)

7-AGE, 45 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Richard A. Cocke

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary A. Adkins

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Boutwell

(Address) Norfolk Va.

15-Filed MAR 9 - 1916, 191.. ROBERT C. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15th 1916, to March 9th 1916, that I saw her alive on March 9th 1916, and that death occurred, on the date stated above, at 7.45 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pelvic Glands

Probably of the Ovary

Exhaustion Duration unknown

CONTRIBUTORY (Secondary) Carcinomatosis

(Duration) unknown yrs. mos. ds.

(Signed) Horace W. Byers M. D.

March 9, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 2 mos. 28 ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? Norfolk Va.

Former or usual residence Norfolk Va.

19-PLACE OF BURIAL, OR REMOVAL, Norfolk Va. DATE OF BURIAL, March 9th 1916.

20-UNDERTAKER E. M. Mite Lee & Co. ADDRESS 120 W. Fayette.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C92998

C92998

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Donnell

(Residence in Baltimore: No. 640 Bradley St; ..... St.; .....yrs., ...mos. .....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 8 months ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... baby .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Wright

(Address) Md Gen Hospital

15- Filed MAR 9 - 1916, 19.. ROBERT . GRAETTINGER, Official Title Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 6th (Month) ..... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 25th 1916, to March 6th 1916, that I saw h.r alive on March 6th 1916, and that death occurred, on the date stated above, at 11.45 Pm.

The CAUSE OF DEATH* was as follows:

..... Bronchio-Pneumonia .....

..... (Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition .....

..... (Duration) ..... yrs. 8 mos. ..... ds.

(Signed) Frank E Shipley M. D.

March 6, 1916. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 640 Bradley St.

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ... 191...

20-UNDERTAKER Health Commissioner

ADDRESS 1916

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C92999

CERTIFICATE OF DEATH.

91 C92999

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N Patterson Park Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Lillian Witte

(Residence in Baltimore: No. 1006 N Patterson Park Ave St.; ....yrs. Life mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 15, 1907 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles L. Witte Jr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sophia J. Mehlenig

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles L. Witte Jr

(Address) 1006 N Pat Park Ave

15-Filed MAR 9 - 1916, 191.... ROBERT F. BRADTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to March 8 1916, that I saw her alive on March 8 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchitis

(b)

(Duration) ....yrs. 9 mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia and Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Ericson Jr. M. D.

March 8, 1916. (Address) 720-2 N Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, March 9, 1916.

20-UNDERTAKER John Herwig & Co ADDRESS 2008 Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

C93000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C93000

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Puelty

(Residence in Baltimore: No. St. Joseph's Hospital St.; 40 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, May (Month) 14 (Day), 1850 (Year)

7-AGE, 65 yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Sellner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Puelty

(Address) 2408 E. Jefferson St

15- Filed MAR 9 - 1916, 191.....

ROBERT . KRAUTAW
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 11 1915, to March 8 1916, that I saw h er alive on March 8 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) unknown yrs. mos. ds.

(Signed) J. J. Winton Clk. M. D.

March 8 191.6 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 1 mos. 10 ds. In the State 43 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Mar 11, 191.6

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93001

CERTIFICATE OF DEATH.

79

C93001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Forest Place 10 St.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Smith

(Residence in Baltimore: No. 1103 Forest Place St.; 45 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Married

6-DATE OF BIRTH: Oct. 30th, 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or Country): Penna.

PARENTS.

10-NAME OF FATHER: Jas McKegney

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ambrose B. Smith

(Address) 1103 Forest Place

15- Filed MAR 9 - 1916 191.... ROBERT F. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1916, to March 7 1916, that I saw h~~e~~r alive on March 7 1916, and that death occurred, on the date stated above, at 9:0 m.

The CAUSE OF DEATH* was as follows:

Chronic Lato. Endocarditis

.....

..... (Duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 1 yrs. mos. ds.

(Signed) ~~W~~ Jos. Francis Quade M. D.

March 9, 1916 (Address) 2844 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: March 10 191..

20-UNDERTAKER: Chas P. Coane & Son ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93002

CERTIFICATE OF DEATH.

180 C93002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Homewood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill part No. 18.)

2-FULL NAME Eliza A. Hall

(Residence in Baltimore: No. 1912 Homewood Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 22" (Month), 1843 (Year)

7-AGE 72 yrs. 8 mos. 17 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Dixon Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertie M. Hall

(Address) 1912 Homewood Ave

15- MAR 9 - 1916 ROBERT . GRAETZ

Filed....., 191.... SOCIAL SERVICE DIRECTOR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1916, to Mar. 8th 1916, that I saw her alive on Mar. 7th 1916, and that death occurred, on the date stated above, at 4.50 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

about (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cystic Catarrh

about (Duration) yrs. 9 mos. ds.

(Signed) Edward C. Rowe M. D.

Mar. 9th, 1916 (Address) 1042 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, Mar 10, 1916

20-UNDERTAKER Chas. E. Crowe & Son

ADDRESS 1610 Mont Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C93003

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 White ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katrina (~~White~~) Fenton 1y,

(Residence in Baltimore: No. 1803 White St.; ....yrs., 7 mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 15, 1833 (Month) (Day) (Year)

7-AGE. 82 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), Balto. Co., Md.

PARENTS.

10-NAME OF FATHER, Daniel Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Tobias

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Johnson

(Address) 1803 White St.

15- MAR 9 - 1916 191..... ROBERT P. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 7th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th 1916, to March 7th 1916, that I saw h.. alive on March 6th, 1916, and that death occurred, on the date stated above, at 6 A.M. 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility D. Cor.

(Duration) yrs. mos. ds.

(Signed) E. Lee Ellis M. D.

March 9, 191.. (Address) 924 North Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Belair Md DATE OF BURIAL, March 11 1916.

20-UNDERTAKER James B. Ayres ADDRESS 574 Wilson St

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93004

CERTIFICATE OF DEATH.

28 C93004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Byrd ST.; 24 WARD) REGISTERED No. C .....

2-FULL NAME Flora Metzler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1816 Byrd St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 16, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Metzler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Metzler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Metzler

(Address) 1816 Byrd

15- MAR 9 - 1916 ROBERT . GRAUTER
Filed ....., 191.... OFFICIAL SEAL
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1915, to March 8 1916, that I saw h[illegible] alive on March 8 1916, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jas A. Donnelly M. D.

March 8, 1916 (Address) 107 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. a.a.	March 11, 1916.
20-UNDERTAKER A. J. McDonough Lynn	ADDRESS 452 Light St

N. B.—Every item of information should be carefully supplied. AGE is a PERSONAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93005

CERTIFICATE OF DEATH.

64 C93005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Hull St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Edward Kenny

(Residence in Baltimore: No. 1443 Hull St.; 30 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 12 (Day), 1880 (Year)

7-AGE, 35 yrs. 2 mos. 25 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman of Stevedores 504
(b) General nature of industry, business, or establishment in which employed (or employer): Johnston D.S. Line

9-BIRTHPLACE, (State or Country), London, England

PARENTS.

10-NAME OF FATHER, Frederick W. Kenney

11-BIRTHPLACE OF FATHER (State or Country), London England

12-MAIDEN NAME OF MOTHER Margaret Anderson

13-BIRTHPLACE OF MOTHER (State or Country), London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Marie Kenny

(Address) 1443 Hull St.

15- Filed MAR 9 - 1916 191.....

ROBERT . ERAUTES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 9 1916, that I saw h[im] alive on March 8 1916, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Graham Brady M. D.

March 9th, 1916 (Address) 1412 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, March 11, 1916

20-UNDERTAKER David M. G. Flynn ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C93006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C93006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Durham ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Buck Johnson

(Residence in Baltimore: No. 305 S. Durham St.; ..... yrs., ... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male.	black.	Single

6-DATE OF BIRTH, ... Feb. (Month) 29., (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Buck Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mollie Anthony

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Johnson

(Address) 305 S. Durham

15- Filed MAR 10 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29 1916, to Mar 9 1916, that I saw him alive on Mar. 8 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

..... Malnutrition .....

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Theodore Smith M. D.

Mar 9, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Mar 10 1916.
20-UNDERTAKER Theodore Wirth	ADDRESS 702 Gough St

I. —Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93007

CERTIFICATE OF DEATH.

C93007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 S. Decker Ave St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katarzyna Winiecka

(Residence in Baltimore: No. 1234 S. Decker Ave St.; Life ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 30 (Day), 1914 (Year)

7-AGE, 1 yrs. 10 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Winiecki

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katie Koprowska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Winiecka

(Address) 1234 S. Decker Ave

15- Filed MAR 10 1916, 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17) I HEREBY CERTIFY, That I attended deceased from March 3 1916, to March 9 1916, that I saw her alive on 11 9 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis (Acute) (Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough (Duration) ... yrs. ... mos. 14 ds.

(Signed) Chas Olsen M. D.

3/10/16 (Address) 408 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Mar 10, 1916
20-UNDERTAKER	ADDRESS
Stephen J Fialkowski	1019 S. Kenwood Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93008

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence E Le Brun

(Residence in Baltimore: No. 1100 E Eager St.; ..... yrs., 4 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 17, 1915
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs. 4 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John. E. Le Brun

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary. V Le Brun

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M John. E. Le Brun

(Address) 1100 E Eager St

15- Filed MAR 10 1916, 191.. HARRY O ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 4 1916, to Mar 9 1916, that I saw h... alive on Mar 8 1916, and that death occurred, on the date stated above, at 10-9 m.

The CAUSE OF DEATH* was as follows:

(Bronco pneumonia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H B Tillotson M. D.

Mar 7, 1916 (Address) 3035 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart Cemetery	March 11, 1916.
20-UNDERTAKER	ADDRESS
Henry Hauck & Son	1301 E Eager St

Spec.—5-19-13—M. & T.—50/ Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93009

CERTIFICATE OF DEATH.

79 C93009

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 McHenry ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna A. Stephens

(Residence in Baltimore: No. 1921 McHenry St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1845 (Year)

7-AGE, 70 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md,

PARENTS.

10-NAME OF FATHER, Rev. Wm A Lee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amelia Koontz

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles L Stephens

(Address) 1921 McHenry St

15-

Filed MAR 10 1916, 191.. MARY O ARCHERS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1916, to March 9 1916, that I saw her alive on March 7th 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Marshall G. Smith M. D.

March 9, 1916. (Address) 118 N Calhoune

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemy DATE OF BURIAL, March 11, 1916

20-UNDERTAKER Wm A Rohde & Son ADDRESS 730 Fremont

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93010

CERTIFICATE OF DEATH.

152 C93010

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cruse

(Residence in Baltimore: No. 1822 N. Broadway St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHAT IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 4, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 5 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robt L. Cruse

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Kellinger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Cruse

(Address) 1822 N. Broadway

15- MAR 10 1916 MARY O. ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 9 1916, that I saw him alive on March 9 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(Duration) ....yrs. ....mos. ....ds.

(Signed) K. J. McCullough M. D.

3/9/16, 191... (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1822 N. Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Mar 10, 1916

20-UNDERTAKER	ADDRESS
Robert J. Cunningham	442 Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93011 C93011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eutaw & Dover (S.W. Corner) St.) 22 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Hoefer

(Residence in Baltimore: No. 305 E. Fayette St.; 31 yrs., 6 mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 11 (Day), 1884 (Year)

7-AGE, 31 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 21

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Hoefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Hoefer

(Address) 305 E. Fayette St.

15- Filed MAR 10 1916 191 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 12 1914, to March 9 1916, that I saw him alive on March 5 1916, and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
(Aortic - Sclerosis)
(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. M. Ellerett M. D.

March 9, 1916 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, March 12, 1916.

20-UNDERTAKER Jos. Joerdens, Son ADDRESS 207 S. Paca

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93012

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920

C93012

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 815 Vine ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Martha J. Towson

(Residence in Baltimore: No. 815 Vine St.: 79 yrs. 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Dec. 12, 1836 (Month) (Day) (Year)

7 AGE: 79 yrs. 2 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas Green

11 BIRTHPLACE OF FATHER (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Towson

(Address) 815 Vine St

15 Filed MAR 10 1916, 191 MARRY O ARLETSON Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 9, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 16, 1916, to March 9 1916, that I saw h er alive on March 9, 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Chronic Nephritis

(Duration) 1 yrs. - mos. ds

Contributory (SECONDARY) Pericarditis

(Duration) yrs. 6 mos. ds.

(Signed) Joseph W Hart M. D.

March 9, 1916 (Address) 1703 N. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: March 11, 1916

20 UNDERTAKER: John J Field — ADDRESS: 1202 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93013 HEALTH DEPARTMENT—CITY OF BALTIMORE C93013

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Bolton ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Howard Davis

(Residence in Baltimore: No. 1305 Bolton st St.; 2 Life yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 20 (Day), 1870. (Year)

7-AGE, 45 yrs. 8 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: No occupation.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Charles W. Davis

11-BIRTHPLACE OF FATHER (State or Country). Baltimor, Maryland.

12-MAIDEN NAME OF MOTHER Clarissa Fussell

13-BIRTHPLACE OF MOTHER (State or Country) Baltimor Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. S. Fussell

(Address) 111 E. 25 St. Balto & Ashton, Md.

15- Filed MAR 10 1916, 191.... MARY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to March 9th 1916, that I saw h.m alive on March 5th 1916, and that death occurred, on the date stated above, at 4.20 A.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Mart poisoning

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Chas Adamson M. D.

March 10, 1916. (Address) 1327 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, GREENMOUNT CEMETERY.

DATE OF BURIAL, MARCH 11th 1916.

20-UNDERTAKER HENRY W. JENKINS & SONS CO.

ADDRESS McCULLOH AND ORCHARD STS.

Spec.—8-24-14—M. & T.—2000 Bks.

C93014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93014

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Madison Ave ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta C. Adams

(Residence in Baltimore: No. 1114 Madison ave. St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) single

6-DATE OF BIRTH, April (Month) 13 (Day), 1831 (Year)

7-AGE, 85 yrs. 11 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired 775
(b) General nature of industry, business, or establishment in which employed (or employer) ..... School Teacher

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas Adams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. R. Ridgely

(Address) New York City

15- MAR 10 1916 Filed ....., 191... [illegible] Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to March 9 1916, that I saw h.er alive on March 8 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Ruhrah M. D.

March 10, 1916 (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 11th, 1916.

20-UNDERTAKER, H. W. Jenkins Sons Co — ADDRESS, McCulloh & Richard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C93015

HEALTH DEPARTMENT--CITY OF BALTIMORE

64

C93015

CERTIFICATE OF DEATH

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME George Byran

(Residence in Baltimore: No. Little Sisters of the Poor St.; 15 yrs. ..... mos. ..... ds.)

THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widower

6-DATE OF BIRTH March (Month) ..... (Day), 1848 (Year)

7-AGE 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Annapolis Md

PARENTS

10-NAME OF FATHER Robert Byran

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Julia Mc Cubbin

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAR 10 1916, 191 ..... BOARD OF HEALTH, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Feb 28, 191..., to, ... 191...,
that I saw h.. alive on March 5 1916,
and that death occurred, on the date stated above, at 8.30 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. A. Warner M. D.

March 10, 1916 [Address] 1332 Calvert St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 2 yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Queenstown Md | DATE OF BURIAL Mar 11, 1916

20-UNDERTAKER H. C. Wiedefeld | ADDRESS 914 Granite Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

C93016

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Winn

(Residence in Baltimore: No. 616 Ensor St St.; ....yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 25, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, William Winn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Woolsey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 10 1916, 191. ROBT. O. ANDERS... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 26 1916, to March 9 1916, that I saw h[illegible] alive on March 9 1916, and that death occurred, on the date stated above, at 2.55 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

March 9 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 616 Ensor St

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Mar. 10., 1916.

20-UNDERTAKER H. C. Brudfield — ADDRESS 914 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93017

CERTIFICATE OF DEATH.

C93017

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N. Greene ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Paul Evans Jr

(Residence in Baltimore: No. 320 N. Greene St.; ..... yrs., 11 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 17, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Paul Evans.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Emma A. Brudoks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma A. Evans

(Address) 320 N. Greene St.

15-
Filed MAR 10 1916, 191... MARY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 14th 1916, to March 10 1916, that I saw him alive on March 8th 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Duration) — yrs. — mos. 26 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) — yrs. — mos. 7 ds.

(Signed) Emanuel E. Markman M. D.

March 10, 191... (Address) 1339 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 13 1916.
20-UNDERTAKER	ADDRESS
John Gebhauer	500 S Paca St

2 P.M.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93018

CERTIFICATE OF DEATH.

45 C93018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Harris

(Residence in Baltimore: No. 1102 E. Pratt St St.; 8 yrs., ... mos. ..... ds.)

N.B. This is a PERMANENT RECORD. Every item of information should be carefully supplied. All data should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Sgle

6-DATE OF BIRTH, Unknown ..... (Month) ....., ... (Day) ....., 1865 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hyman Goldstein

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Rachael Goldstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1414 E. Baltimore St

15- MAR 10 1916 HARRY O. ANDREWS, Registrar.

Filed ....., 191... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 10, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to Mar 10 1916, that I saw h[illegible] alive on Mar 10 1916, and that death occurred, on the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Duration 2/6/1916

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward P. Smith M. D.

Mar 10, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1102 E. Pratt St

Former or usual residence 1102 E. Pratt St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	3/12/1916

20-UNDERTAKER	ADDRESS
Jack Lewis	1414 Balt

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93019 C93019

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Ahrenberg

(Residence in Baltimore: No. 521 Aisquith St St.; 24 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. December 25, 1891
(Month) (Day) (Year)

7-AGE. 46 yrs. 2 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Benjamin Ahrenberg

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Leah Rosenberg

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltimore St

15- HARRY O. ANDERSON,
Filed MAR 10 1916 Special Deputy Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 11 1916, to March 9 1916, that I saw him alive on March 9 1916, and that death occurred, on the date stated above, at 11 45 pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Case operated upon)
Unknown
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia
(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) G. K. Rhoads M. D.

March 9, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 12 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 521 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Waverly Cem. DATE OF BURIAL, 3/12, 1916

20-UNDERTAKER Jack Lewis ADDRESS E. Balt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TO THE HEALTH DEPARTMENT OF BALTIMORE CITY, MARYLAND:

I HEREBY CERTIFY, that my name is Sarah Ahrenberg, that I am the widow of Louis Ahrenberg, late of Baltimore City in the State of Maryland, deceased, who departed this life on the 9th day of March, in the year One Thousand Nine Hundred and Sixteen, while a patient at the Johns Hopkins Hospital; and I do further certify that the certificate of death filed at the time of my husband's death, is incorrect, in that it stated that the age of my husband at the time of his death was fifty-six years; that as a matter of fact, my husband was only forty-six years of age at the time of his death, and the misstatement of my husband's age was due either to the mental strain under which I was laboring at the time , or through inadvertance on the part of the Hospital attendant.

Witness:
Simon Silverberg

Sarah x Ahrenberg
her mark

STATE OF MARYLAND, CITY OF BALTIMORE, to wit:-

I HEREBY CERTIFY that on this Eleventh day of March in the year One Thousand Nine Hundred and Sixteen, before me, the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore aforesaid, personally appeared the above named Sarah Ahrenberg, and made oath in due form of law that the matters and things above stated are true and bona fide. As witness my hand and notarial seal.

Simon Silverberg
Notary Public

Spec.—8-24-14—M. & T.—2000 Blks.

C93020

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C93020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elon Dunlap of R.

(Residence in Baltimore: No. 500 N. 33rd Street St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. NO ABBREVIATIONS OR FIGURES EXCEPT IN DATE OF RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar 6, 16 (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ctty.

PARENTS.

10-NAME OF FATHER, Knight Dunlap

11-BIRTHPLACE OF FATHER (State or Country), California

12-MAIDEN NAME OF MOTHER Mary Durand

13-BIRTHPLACE OF MOTHER (State or Country), Iowa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Knight Dunlap Jrs. 3.19

(Address) 500 N. 33rd St

15- MAR 10 1916, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 191 6, to Mar 6 191 6, that I saw him alive on Mar 6 191 6, and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Premature infant

(2 hours)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Atelectasis Neonatal

(Duration) ....yrs....mos....ds.

(Signed) D. S. Glass M. D.

....., 191... (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Mar 11, 1916

20-UNDERTAKER Wm Fockler Son — ADDRESS North Pa

Spec.—8-24-14—M. & T.—2000 Blks.

C93021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C93021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Pindle (Pindle)

(Residence in Baltimore: No. 1930 McCulloh St. St.; .....yrs., ...mos. .....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, March 7, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Harrison Pindle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Viola Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed MAR 10 1916, 191.... REGISTRAR OF VITAL STATISTICS
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8 1916, to Mar 9 1916, that I saw h[illegible]ive on Mar 9 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Oedema following prolonged difficult labor

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) E. Howard M. D.

March 9, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1930 McCulloh St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn Cemetery	Mar. 10....., 1916
20-UNDERTAKER	ADDRESS
Felix B. Pyle.	1226 Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93022

CERTIFICATE OF DEATH.

29 C93022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Fleet ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Stein

(Residence in Baltimore: No. 1615 Fleet St.; 60 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH, May (Month) 11 (Day), 1838 (Year)

7-AGE, 77 yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER: George Arnbrust

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Stein

(Address) 1615 Fleet st

15- MAR 11 1916 191.....

ROBERT . GRAETTE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 191 , to Mar 8 1916, that I saw her alive on Mar 8 1916, and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... J. E. Staley ..... M. D.

3/10/13, 191.. (Address) 2238 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Mar 11, 1916.

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93023

CERTIFICATE OF DEATH.

79 C93023

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1313 Homewood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas L. Schaefer

(Residence in Baltimore: No. 1313 Homewood Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 3rd (Day), 1853 (Year)

7-AGE. 62 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9-BIRTHPLACE. (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Nicholas L Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Barbara Riedel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nicholas Schaefer

(Address) 1313 Homewood Ave

15- Filed MAR 11 1916, 191.... ROBERT . GRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Turnbull M. D. (Coroner)

March 10, 1916 (Address) 116 W. Mulberry Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 11, 1916.

20-UNDERTAKER C. A. Kirkfield — ADDRESS Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93024

CERTIFICATE OF DEATH.

x 30 C93024

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bentley

Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, Feb. 27, 1900
(Month) (Day) (Year)

7-AGE, 6 yrs. 0 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Bentley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ora Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Baltimore

15- MAR 11 1916 ROBERT . ERBUTER, Burial Permit Clerk.
Filed.....191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1916, to May 9, 1916, that I saw him alive on May 9, 1916 and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward A. Smith M. D.

May 9, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Ellicott City

Former or usual residence Ellicott City

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Hopkins Chapel Howard	March 12, 1916.

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93025

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

C93025

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2115 Allendale Road, ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Devaucene,

(Residence in Baltimore: No. 2115 Allendale Road, St. 5 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Widowed,

6-DATE OF BIRTH, ...Unknown...., ..., 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 ? yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Jersey,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Corrigan,

13-BIRTHPLACE OF MOTHER (State or Country), Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Kelly, son-in-law,

(Address) 2115 Allendale Road,

15- Filed MAR 11 1916, 191.. ROBERT . KRAUTH, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.... 9th...., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

....Acute Cardiac dilatation,
....(Cardiac Atheroma)
.... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,
.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Helen R Kempel M. D.
(Coroner.)

Mar. 10th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	3- 11 ....., 1916
20-UNDERTAKER	ADDRESS
E + B Hoke	115 E Mead St

Spec.—3-24-14—M. & T.—2000 Blks.

C93026

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C93026

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 S. Decker Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Adam Goeller

(Residence in Baltimore: No. 929 S. Decker Ave St.; ...yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... February 26, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 12 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Goeller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Margaret Patton.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Goeller

(Address) 929 S. Decker Ave

15- MAR 11 1916 ROBERT . PROCTOR,
Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 191 6, to March 9 191 6
that I saw h... alive on March 9 191...,
and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia
(b) Influenza
(c)
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Pleuro Pneumonia
(Duration) ...yrs. ...mos. 3 ds.

(Signed) F. D. Kalb M. D.
Mar 10, 191 6 (Address) 533 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Schwartz Sun	March 11, 1916.
20-UNDERTAKER	ADDRESS
John Herwig & Co	2008 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C93027

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Leight ST.; 23 WARD)

REGISTERED No. C.....

2-FULL NAME Catherine Nesslein

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1734 Leight St.; ...yrs.,...mos.,...ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. ~ mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Wm Nesslein

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Nesslein

(Address) 1734 Leight St.

15-MAR 11 1916 ROBERT . KRAUTH, Burial Permit ...

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 10 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 8 1916, to Mar 10 1916, that I saw h[illegible] alive on Mar 9 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(Duration) ...yrs. ...mos. 28 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. ...mos. 3 ds.

(Signed) R. L. Campbell M. D.

Mar 10 1916 (Address) 164 E Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, March 11, 1916

20-UNDERTAKER C. Schlosman's Son ADDRESS, 1039 Hanover St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93028

50

93028

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2803 York Road ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena F. Dillehunt

Residence in Baltimore: No. 2803 York Road St.: 70 yrs. 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 7th (Day), 1845 (Year)

7-AGE: 70 yrs. 9 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Alexander Moore

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Cecilia Neal

13-BIRTHPLACE OF MOTHER (State or country): St. Marys Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Dillehunt

(Address) 2822 Freemount Ave

15 MAR 11 1916 Filed

ROBERT F. GRAETTE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 9th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1915, to March 9th 1916, that I saw h[illegible] alive on March 5th, 1916, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) Diabetes

(Duration) 25 yrs. — mos. — ds.

(Signed) Wm J Pillsbury M. D.

Mar 10th, 1916. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: March 11, 1916

20-UNDERTAKER: E. A. Wiedefeld ADDRESS: 2132 Greenmount ave

C93029

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93029 168 C93029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1630 Eutaw Ave ST.: 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brannan

(Residence in Baltimore: No. 1630 Eutaw Ave St.; yrs., unknown mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
About 60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah F. Russell

(Address) 156 W. Million Ave

15- Filed MAR 11 1916 ROBERT C. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental—Asphyxiation by Illuminating Gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah F. Russell M. D. (Coroner.)

March 10th, 1916 (Address) 156 W. Million Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem	March 11 1916

20-UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

C93030

CERTIFICATE OF DEATH.

C93030

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED NO. C

2-FULL NAME Thomas H. Williams,

(Residence in Baltimore: No. 714 Tyson street,

40

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, March (Month) 2nd (Day), 1866. (Year)

7-AGE, 50 yrs. 0 mos. 7 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer): 243

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Williams, wife,

(Address) 714 Tyson street.

15- RECEIVED MAR 11 1916 CERTIFICATE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) yrs. mos. ds.

(Signed) J. Frederick Mengel, M. D.
(Coroner.)

Mar. 9th, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 15 minutes, ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Mar 11, 1916.
20-UNDERTAKER	ADDRESS
Samuel C. Stensley	5/870. Eddy

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93031

CERTIFICATE OF DEATH.

x108 C93031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary, 14 St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Earl Hamilton

(Residence in Baltimore: No. Union Prot Infirmary St.; .....yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... Nov. (Month) ..... 8 (Day), 1876 (Year).

7-AGE. 39 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stonemason
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER. Mr. James Burkins

11-BIRTHPLACE OF FATHER (State or Country). Harford Co. Md

12-MAIDEN NAME OF MOTHER Mary Moran

13-BIRTHPLACE OF MOTHER (State or Country). Harford Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... S. W. Holdsworth

(Address) ..... Cardiff Md

15- FILED MAR 11 1916 ROBERT E. KRAUTZ, Registrar. M. OF P. EVELYN S. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 1916, to March 10 1916, that I saw h[illegible] alive on March 10 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

..... Appendicitis Acute.....

.....

.....

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY. (Secondary) Pleurisy.....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... Bruno L. Chaffee ..... M. D.

Mar. 10, 1916 (Address) ..... Md. P. D. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

28-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Delta, Pa.

19-PLACE OF BURIAL OR REMOVAL. Cardiff Md.

DATE OF BURIAL ..... MAR 11 1916

20-UNDERTAKER W J Lichner & Sons

ADDRESS Bush and Pulaski

N. B.—Every item of information should be carefully supplied. AGE should be [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93032

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93032

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Green

(Residence in Baltimore: No. 1341 Division St.; 14 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... 1869 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Abraham Roberts

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Phillip L. Hundley

(Address) ..... 4334 W. Biddle St.

15-

FILED MAR 11 1916, 191.....

MARY C. CLARK
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 10th ....., 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1916, to March 7th 1916, that I saw her alive on March 7th 1916, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis .....

.....

..... (Duration) ..... yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... A. Lee Etheridge ..... M. D.

March 10th 1916 (Address) ..... 724 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. Is the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Gould Town & N Co Md | DATE OF BURIAL, 3/11, 1916.

20-UNDERTAKER Samuel T. Hemsley | ADDRESS 578 W Biddle

N.B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93033

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93033

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Wolfe ST.: W WARD) REGISTERED NO. C

2-FULL NAME Charles Buczek

(Residence in Baltimore: No. 120 S. Wolfe St.: yrs., 3 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wh'te	Sing'l

6-DATE OF BIRTH, Nov. (Month) 17 (Day), 1912 (Year)

7-AGE, yrs. 3 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Charles Bigerman

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Veronik Buczek

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Veronika Buczek

(Address) 120 S. Wolfe.

15-

FILED MAR 11 1916, 191... Registrar. MARRY O. ARLAEN

M.C.I.&L. Permit O.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 9th (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar. 9th 1916 to 12.15 P.M. 191..., that I saw h[illegible] alive on Mar. 9th 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as followa:

Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) L. W. Ritter M. D.

Feby 10th, 191.. (Address) 100 S. Patterson Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, Mar. 11th 1916.

UNDERTAKER William Fiaskowski

ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C93034

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93034

CERTIFICATE OF DEATH.

REGISTERED No. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Frederick Bubert.

(Residence in Baltimore: No. 128 Light St. St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1863 (Year)

7-AGE, 52 yrs. 9 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): 223

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Herman G Bubert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine A Kohler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Heard

(Address) Johns Hopkins Hospital

15- MAR 11 1916 Filed, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, mar 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9- 1914, to mar 9th 1916, that I saw him alive on mar 9th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Cause originated upon)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. K. Rhodes M. D.

, 191.. (Address) Johns Hopkins Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 52 yrs. 9 mos. 5 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 128 Light St. Balto Md.

19-PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: MAR 12 1916, 191..

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light

N. B.—Every item of information should be carefully supplied. Accurately classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93035

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93035

CERTIFICATE OF DEATH.

37

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 654 Raborg ST.: 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Gross

(Residence in Baltimore: No. 654 Raborg St.: Yrs. 1 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: June (Month) 13 (Day), 1915 (Year)

7-AGE: 1 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baeto.

PARENTS.

10-NAME OF FATHER: Bernard Sunks

11-BIRTHPLACE OF FATHER (State or Country): Baeto

12-MAIDEN NAME OF MOTHER: Annie Gross

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gross

(Address) 654 Raborg St

15- MAR 11 1916 MARY O. ANDREWS, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 0 mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Jeffers M. D.
(Coroner)

March 8. 191.6 (Address) 242 W. Dallas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lamel Cemtry

DATE OF BURIAL, March 11 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS 607 Little Rock

Spec.—8-24-14—M. & T.—2000 Bks.

C93036

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93036

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Argyle ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Scott.

(Residence in Baltimore: No. 1324 Argyle ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 7th, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1324 Argyle ave

PARENTS.

10-NAME OF FATHER, William Scott.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emelia Gough.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emelia Scott.

(Address) 1324 Argyle ave

15-

Filed MAR 11 1916, 191... BABY'S NAME.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to March 10th 1916, that I saw h.. alive on March 8th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

Premature Birth

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) A. Lee Ellis M. D.

March 10, 1916. (Address) 72 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Peters Cemetery	March 11, 1916.
20-UNDERTAKER	ADDRESS
Felix B. Tyl.	1026 Mulberry St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93037

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93037

CERTIFICATE OF DEATH.

29

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.: 10 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Taylor.

(Residence in Baltimore: No. Maryland Penitentiary St.; 2 yrs., 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, April 21, 1899.
(Month) (Day) (Year)

7-AGE, 16 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bot- Black.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 813

9-BIRTHPLACE, (State or Country), Wicomico County, Md.

PARENTS.

10-NAME OF FATHER, Samuel Saylor

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Simmons

(Address) Md Penitentiary

15- Filed MAR 11 1916, 191.... Burial Permit Given

MAKER OF ANIMALS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March - 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February - 3 1916, to March - 9 1916, that I saw him alive on March - 9, 1916 and that death occurred, on the date stated above, at 9.55 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Tuberculosis and Exhaustion

.....(Duration)....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

.....(Duration)....yrs. 1 mos. 6 ds.

(Signed) William F. Schwartz M. D.

March 10, 1916 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 5 mos. 21 ds. In the State 16 yrs. 10 mos. 18 ds.

Where was disease contracted, if not at place of death? Md. Pen

Former or usual residence 206 Delaware St. Salisbury, Md.

19-PLACE OF BURIAL OR REMOVAL, Salisbury Md. DATE OF BURIAL, Mar. 11, 191.6

20-UNDERTAKER Chas Parker & Son ADDRESS 1180 W. Royal Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93038

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93038

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N. Central Ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Beck

(Residence in Baltimore: No. 1039 N. Central Ave St. 28 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE YEAR state AGE in HOURS or DAYS. Illegible or incomplete certificate cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Jan (Month) 29 (Day), 1859 (Year)

7-AGE: 57 yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Umbrala maker,
(b) General nature of industry, business, or establishment in which employed (or employer): 463

9-BIRTHPLACE (State or country): England.

PARENTS

10-NAME OF FATHER: Unknown,

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Fuller.

(Address) 506 Patapsco Ave. Brooklyn Md

15- Filed MAR 11 1916, 191.....

Burial permit given

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to, March 8, 1916, that I saw h.m. alive on March 8—1916, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Lober Pneumonia

(Duration) — yrs — mos. 9 ds.

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby M. D.

March 9 1916 [Address] 1223 N. Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel — DATE OF BURIAL: March 12 1916

20-UNDERTAKER: Frank A. Fink — ADDRESS: 916 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93039 HEALTH DEPARTMENT—CITY OF BALTIMORE C93039

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Lancaster St.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lauer

(Residence in Baltimore: No. 1710 W. Lancaster St. (If non-resident give usual residence.) (Length of residence in city, ... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec 13, 1879
(Month) (Day) (Year)

7-AGE. 36 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dept of Engineering

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Lauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Eckel

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lauer Mother

(Address) 1710 W. Lancaster St.

15- Filed MAR 11 1916, 191.... Burial Permit Issued ..... Registrar.

N.B.—Every item of information should be carefully supplied. Accurately classified. Exact statement of OCCUPATION very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 7 1916, to Mch 9 1916, that I saw h[illegible] alive on Mch 9 1916, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
(Galloping)

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) R. D. Cassman M. D.

Mch. 11, 1916. (Address) 1702 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Mar. 13, 1916.

20-UNDERTAKER Robert J. Turner ADDRESS 1442 Woodberry

Spec.—8-24-14—M. & T.—2000 Bks.

C93040 HEALTH DEPARTMENT—CITY OF BALTIMORE C93040

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Linwood Ave ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Steise

(Residence in Baltimore: No. 716 S. Linwood Ave St.; 49 yrs., 11 mos. 22 ds.)

N. B.—Every item of information must be given, and if any of the following items is unknown, a statement to that effect should be made. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 18th, (Month) (Day) 1866 (Year)

7-AGE, 49 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic work
(b) General nature of industry, business, or establishment in which employed (or employer): Outside

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Conrad Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Bowling

(Address) 716 S Linwood Ave

15-

Filed MAR 11 1916 101 CHIEF CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/11 1916, to 3/9 1916, that I saw her alive on 3/9 10 PM 1916 and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. about 8 mos. ds.

CONTRIBUTORY (Secondary) Tubercular laryngitis Cachexia

(Duration) 1 yrs. 7 mos. ds.

(Signed) Ernest Zueblin M. D.

3/11, 1916 (Address) 3222 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Mar 12 1916

20-UNDERTAKER Philip Henry

ADDRESS 2016 Aliceanna

Spec.—5-19-13—M. & T.—500 Bks.

C93041

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C93041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Oakington ST.; 12 W. WARD)

REGISTERED NO. C

2-FULL NAME Katie E. Lebold (Lebrd)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2004 Oakington St.; 58 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, May (Month) 19 (Day) 1857 ~~1776~~ (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 8 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md (City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Ware

(Address) 2004 Oakington St

15-

FILED MAR 11 1916 Burial Permit 9101

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 10 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1915, to March 9 1916, that I saw h[illegible] alive on March 9 1916, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) 1 yrs. mos. ds.

(Signed) C T Longest M. D.

3/10, 191.6 (Address) 32 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 13 1916

20-UNDERTAKER Chesnow & Son — ADDRESS Chestnut Ave

N. B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93042

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93042

CERTIFICATE OF DEATH.

40

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp't St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert C. Blackiston.

(Residence in Baltimore: No. 2607 Penna. ave. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... May 16 (Month) (Day), 1845 (Year)

7-AGE, 71 yrs. 0 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Piano Tuner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Academy Music

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Blackiston

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Selina Berry NX

(Address) 2607 Penna ave

15-

Filed MAR 11 1916, 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 10th 1916, that I saw h[illegible] alive on March 10th 1916, and that death occurred, on the date stated above, at 11.15 A.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Cerebral Meningitis Confirmed

by Autopsy

(Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Shipley M. D.

Mar. 10, 1916. (Address) Md. Gen. Hosp't.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2607 Penna. ave.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 11, 1916

20-UNDERTAKER, W J Tuckerson Son — ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH must be properly classified. Exact statement in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93043

CERTIFICATE OF DEATH.

90

C93043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N Gilmor ST.; North 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Frances Wilson

(Residence in Baltimore: No. 819 North Gilmor St.; 70 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Febry (Month) 18 (Day), 1828 (Year)

7-AGE, 88 yrs. ✓ mos. 20 ds. If LESS than 1 day, ... hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ~~England~~ Maryland

PARENTS.

10-NAME OF FATHER, ~~Unknown~~ John Strider

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER ~~Unknown~~ Charlotte Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edith Hartsfield

(Address) 819 N. Gilmor St.

15- Filed MAR 11 1916, 191..... MARY O. ARLEN Burial Permit Clerk. Registrar.

N. B.—Every item of information should be given. Only approved CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 1915, to March 9 1916, that I saw her alive on March 9 1916, and that death occurred, on the date stated above, at 5 10 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ✓ yrs. ✓ mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) ✓ yrs. 2 mos. ✓ ds.

(Signed) George C. Shannon M. D.

Mch. 9 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Mar. 11, 1916
20-UNDERTAKER Wm. J. Tickner & Son	ADDRESS North & Pa

Spec.—5-19-13—M. & T.—500 Bks.

C93044

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93044

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1320 W Dolphin St., 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russel A Saunders

(Residence in Baltimore: No. 1320 W Dolphin St St.: .....yrs., ...mos. .....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 15th, 1889
(Month) (Day) (Year)

7-AGE, 26 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter (Hotel)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER Sebastine P Saunders

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Louisa Stevens

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Saunders

(Address) 1320 W Dolphin St

15- MAR 11 1916 HARRY O. ANDREWS, Burial Permit Clerk
Filed ..... 191.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23rd 1916, to March 10th 1916, that I saw h[illegible] alive on March 9th 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .....yrs. 2 mos. .....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) L. W. Wimsey M. D.

March 11 1916. (Address) 1220 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, March 12, 1916.

20-UNDERTAKER Thomas Lowndes

ADDRESS 1436 Mass Ave

N. B.—Every item of information should be given, as far as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93045

153

C93045

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 17 N. Norris Alley ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Church

(Residence in Baltimore: No. 17 N. Norris Alley St.; yrs., mos. 6 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, March (Month) 4th (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 6 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, John Church

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Caroline Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Church

(Address) 17 N. Norris Alley

15- MAR 11 1916

Filed....., 191.... Burial Permit 0101

MARK O. ADAMS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Edward J. Gavin M. D.
(Coroner)

March 10th 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar. 11, 1916

20-UNDERTAKER Wilbur Bosley — ADDRESS 306 N. Mount St.

Spec.—5-19-13—M. & T.—500 Bks.

C93046

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93046

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1447 Hull ST. 24 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Martha Daly

(Residence in Baltimore: No. 1447 Hull St.; 41 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1858 (Year)

7-AGE, 58 yrs. — mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, (Christian Name) Not Known (Surname) Carrol

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Martha Carrol

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Daly Son

(Address) 1447 Hull St

15- Filed MAR 11 1916, 191... SARAH O ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6th March 1916, to 9th March 1916, that I saw h[illegible] alive on 9 March 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Traumatic Pneumonia

(Accidental fall in ice)

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Contusion of chest wall following fall

(Duration) ... yrs. ... mos. 7 ds.

(Signed) James [illegible] M. D.

10 Mar 1916 (Address) 1505 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, March 13 1916

20-UNDERTAKER P. F. M. D. Flynn — ADDRESS 1422 Light St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93047 C93047

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Crawford

(Residence in Baltimore: No. 1 St Paul St St.; 3 yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1912 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 8 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Walter Lanton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lillian Crawford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Arthur M. Mulford

(Address) St Elizabeth Home

15-

Filed MAR 11 1916, 191.... HARRY O ANDREWS BURIAL PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 8 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Mar 8 1916, that I saw h[illegible] alive on Mar 8 1916, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar J. Finkenwald M. D.

Mar 9, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	MAR 10 1916 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C93048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93048

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elizabeth Olivia Worthington

(Residence in Baltimore: No. 931 Mount St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 29 (Day) 1841 (Year)

7-AGE, 74 yrs. 7 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Harford County Md.

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Julia Davis

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address) Hedwin Dorham

15- Filed MAR 11 1916, 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC 23 1915, to March 9 1916, that I saw her alive on March 9 1916, and that death occurred, on the date stated above, at 11.30 a.m. The CAUSE OF DEATH* was as follows: 11.30 a.m.

Endocarditis

(Duration) 1 yrs. 1 mos. d.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(Duration) 3 yrs. mos. ds.

(Signed) Geo. C. Shannon M. D.

March 10, 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Woodlawn Md	3/13, 191.6
20-UNDERTAKER William Cook	ADDRESS 502 E. North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

C93049 HEALTH DEPARTMENT—CITY OF BALTIMORE C93049

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Patonas ST.; 1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Baron.

(Residence in Baltimore: No. 517 S. Patonas St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White	Widow

6-DATE OF BIRTH, May (Month) 5 (Day), 1841 (Year)

7-AGE, 74 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont. Known.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Siegrist

(Address) 517 S. Patonas St.

15- Filed MAR 11 1916 191.. HARRY O. [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to March 10 1916, that I saw h[illegible] alive on March 9 1916., and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. 1 mos. ..... ds.

(Signed) R. Ernst M. D.

March 10., 1916 (Address) 412 Cochran Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schmatz Cemetery — DATE OF BURIAL, March 12., 1916.

20-UNDERTAKER Mueller C. — ADDRESS 502 E. North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

C93050

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93050

CERTIFICATE OF DEATH.

73

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Hull Bechtel

(Residence in Baltimore: No. 821 Greenmount Ave St.; 13 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1868 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 6 mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Actress 740
(b) General nature of industry, business, or establishment in which employed (or employer): Theatrical

9-BIRTHPLACE, (State or Country): Philadelphia Pa

PARENTS.

10-NAME OF FATHER: William McCloe

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Maxwell

13-BIRTHPLACE OF MOTHER (State or Country): Uncertain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Gertrude Everhardt

(Address): 821 Greenmount Ave

15- MAR 11 1916 Filed....., 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from February 28 1916, to March 10 1916, that I saw h.er alive on March 10 1916, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Alcoholism Neurotics

(Duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) .....yrs. .....mos. 1 ds.

(Signed) Marcus Ostrom M. D.

3/11, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State 13 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 821 Greenmount Ave

Former or usual residence 821 Greenmount Ave

19-PLACE OF BURIAL, OR REMOVAL: Philadelphia Pa

DATE OF BURIAL, 3/12, 1916

20-UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

C93051

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93051

CERTIFICATE OF DEATH.

78

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Bond St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Coxson

(Residence in Baltimore: No. 918 Bond alley St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Coxson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Coxson

(Address) 918 Bond Alley

MAR 11 1916

Filed....., 191.... MABEL O. AHLERS, Marial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) J. J. Jeffers M. D. (Coroner)

March 9, 1916 (Address) 342 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	March 12 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	1118 N. Saratoga

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93052

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93052

CERTIFICATE OF DEATH.

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Fairmount Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Fox

(Residence in Baltimore: No. 1908 Fairmount Avenue St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 11, 1834
(Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cattle Dealer.
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Meyer Fox.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha Fox

(Address) 1908 Fairmount Ave.

15-

Filed MAR 11 1916, 191... HARRY O. ARLBERT, DEPUTY PERMIT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 7th 1916, to March 9 1916, that I saw h[illegible] alive on March 9th 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Senility, Solid Edema of Legs Etc.

(Duration) 3 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D W Cathell M D M. D.

March 11, 1916. (Address) 1636 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Mar. 12, 1916.

20-UNDERTAKER Jahrens & Co — ADDRESS 1611 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

C93053

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

C93053

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R. Heubeck,

(Residence in Baltimore: No. 3529 Roland Avenue,

St.: yrs. 7 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, August (Month) 15th (Day), 1890. (Year)

7-AGE, 25 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist, 311
(b) General nature of industry, business, or establishment in which employed (or employer): Ford Engineering Co

9-BIRTHPLACE, (State or Country), Maryland, (City)

PARENTS.

10-NAME OF FATHER, Henry D. Heubeck,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Mollie Demrey,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary T. Heubeck, wife,

(Address) 3529 Roland Avenue.

15- Filed MAR 11 1916, 191.... BASKET C ANDREWS Burial Permit C.H.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull-caused by colliding with a wagon whilst riding a motorcycle. (Duration) (accident) mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Meinel M. D.
(Coroner.)

Mar. 10., 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 hours ds. In the State yrs. 24 mos. ds.

Where was disease contracted, if not at place of death? On Falls Road near Belvidere ave.

Former or usual residence 3529 Roland Ave

19-PLACE OF BURIAL OR REMOVAL, Mound Ridge — DATE OF BURIAL, March 12, 1916.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Falls Road

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED

Robt F. Leamon

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93054

CERTIFICATE OF DEATH.

C93054

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 24 Ward) 160

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Leamon

(Residence in Baltimore: No. 115 E. Barney St. 10 St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, November (Month) 7 (Day) 1858 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder 32
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Foundry

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert E. Leamon

(Address) 115 E. Barney St.

15- FEB MAR 11 1916 191.... C. H. Sumdal Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Razor cut of throat

(Duration) ..... yrs. 6 hours mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. R. Leaming M. D. (Coroner.)

March 10, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 115 E Barney St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 12 1916
20-UNDERTAKER	ADDRESS
H. J. Jackson & Son	1116 North Penn Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93055 C93055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Claymont ave St. 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selina Elizabeth Hughlett

(Residence in Baltimore: No. 609 Claymont Ave St.; 11 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, December 25, 1844. (Month) (Day) (Year)

7-AGE, 71 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... house work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thomas Winter Hughlett

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Laura Marguetta Fitzhugh

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura M. Hughlett

(Address) 609 Claymont Ave.

15- Filed MAR 12 1916, 191.. ROBERT O ARCHER, Official Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 10 1916, that I saw her alive on March 10 1916, and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

intestinal obstruction

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) organic heart disease

(Duration) unknown yrs. mos. ds.

(Signed) Chester Riland, M. D.

March 10, 1916. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, White Marsh Lancaster Co Va — DATE OF BURIAL, March 13th, 1916.

20-UNDERTAKER Mervegs Running Sons — ADDRESS 517 N. S Shroeder St

C93056

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93056

CERTIFICATE OF DEATH.

168

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 913 S Sharp St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Burton

(Residence in Baltimore: No. 913 S Sharp St St.; yrs., 4 mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1915 (Year)

7-AGE, ...yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Sam. Burton

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Susie Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam. Burton

(Address) 913 S. Sharp

15- Filed MAR 12 1916, 191... HARRY O. ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found in bed between Mother & Father dead

Accidental Suffocation

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Edw Gruehl M. D. (Coroner.)

3/11, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Zion Ct	March 12 1916
20-UNDERTAKER	ADDRESS
Wm. Bowman & Son	108 W Montg St

Spec.—5-19-13—M. & T.—500 Bks.

C93057

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93057

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY of BALTIMORE: (No. 209 N. Saratoga St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. George. (George)

(Residence in Baltimore: No. 209 N. Saratoga St.; Lifetime yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 14, 1844
(Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 25 ds.

If LESS than 1 day, ...hrs. or....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): 328

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Francis J George

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosie Weyhrath

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. George

(Address) 209 N. Saratoga St.

15- Filed MAR 12 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 10 1916, that I saw h[illegible] alive on March 9 1916, and that death occurred, on the date stated above, at 6.25 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 3 mos. ds.

(Signed) E Mandlebaum M. D.

3/12, 1916. (Address) 24 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Mar 13 1916

20-UNDERTAKER John A Moran & Sons — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93058 64 C93058

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2413 Eager Pl ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Buchar (Buchar)

(Residence in Baltimore: No. 2413 Eager Pl St.; 11 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Not Known (Month) ....., (Day) ....., 1835 (Year)

7-AGE: 81 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Andrey Buchar

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Buchar

(Address) 2413 Eager Place

MAR 12 1916 MARK O. ANDREWS,
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 11, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 191 6, to March 11 191 6, that I saw him alive on March 10 191 6 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) William J. McDaniel M. D.

March 11, 191 6 (Address) 1201 E. Oakland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... de. In the State ..... yrs. ..... mos. ..... de.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill	Mar 13, 1916.
20-UNDERTAKER	ADDRESS
Frank Enoch & Son	1917 Eden Landg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93059

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE (No. 2525 N Calvert St, 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Ann Eliza Micon (Micou)

(Residence in Baltimore: No. 2525 N Calvert St — Sr.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH July 10, 1833 (Month) (Day) (Year)

7 AGE 82 yrs. 8 mos. 1 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William R. Micon

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Dobbins

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma L Micon

(Address) 2525 N Calvert St

15 Filed MAR 12 1916 MARIE O ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1915, to March 11 1916, that I saw h[illegible] alive on March 10, 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chr Endocard. Mr + aged heart

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Anuria + Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) Dr Robt H. Moffett M. D.

March 12, 1916. (Address) 1016 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: March 13, 1916

20 UNDERTAKER: Geo J Smith — ADDRESS: 1000 W Fayette

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93060

CERTIFICATE OF DEATH.

164 C93060

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME John Simmons

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 7 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 27 (Day) 1917 (Year)

7-AGE, 1 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER: John Simmons

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lena Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- Filed MAR 12 1916 191... HARRY O. ARLANDS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 9 1916, that I saw him alive on March 9th 1916, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastro enteritis

(Duration) yrs. mos. 10 ds.

(Signed) Charles O'Donnell M. D.

March 11, 1916. (Address) 1 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 1 ds. In the State 1 yrs. 6 mos. 13 ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	March 13, 1916
20-UNDERTAKER	ADDRESS
M. Fahey & Sons	606 Lafayette Ave

C93061

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C93061

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Falls Road ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Steffey

(Residence in Baltimore: No. 3519 Falls Road St.: 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Feb. (Month) 2 (Day) 1840 (Year)

7-AGE: 76 yrs. I mos. 8 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Harry Williams

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Fisher

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Harry Steffey

(Address): 3519 Falls Road

15- MAR 12 1916, 191.. [illegible] Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1916, to, Mar. 10 1916, that I saw h[illegible] alive on Mar 10 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration) ..... yrs. 7 mos. 10 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed), [illegible] M. D.

Mar. 11, 1916. [Address] 865 W. 36th

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Carrol Co. Md.	Mar. 14 1916
20-UNDERTAKER: A.S.Marshall	ADDRESS: 3539 Falls Road

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93062

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93062

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Charles Ortt

(Residence in Baltimore: No. 508 S. Kenwood Ave St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Oct. (Month) ..... (Day) 1855 (Year)

7-AGE, 60 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor 1896
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R Co

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Peter Ortt

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ortt

(Address) 508 S Kenwood Ave

15- MAR 12 1916 Filed....., 191.... MARKET C. ANDREWS, Registrar. Burial Permit Olr

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 1916, to March 9th 1916, that I saw him alive on March 9th 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremia

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) Unknown yrs. mos. ds.

(Signed) Howard W Bayne M. D.

March 9, 1916. (Address) Church Home Infy.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. 2 ds. In the State Life time yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 508 S. Kenwood Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Olr — DATE OF BURIAL, March 12, 1916

20-UNDERTAKER H. Sindel & Sons — ADDRESS [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93063

CERTIFICATE OF DEATH.

79

C93063

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2919 Fait Ave ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Jones

(Residence in Baltimore: No. 2919 Fait Ave St.; 60 yrs., ... mos. ..... da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... Jan. (Month) 28th (Day), 1850 (Year)

7-AGE, 65 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Robb

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Jones

(Address) 2919 Fait Ave

15- MAR 12 1916 HEALTH O[illegible] Burial Permit Ol[illegible]
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1915, to March 1916, that I saw her alive on March 9- 1916, and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Right Ventricle
About 10 Min. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis & Myocarditis
Incidental (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Miller M. D.
3/12/, 1916. (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, March 13th, 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1124 East Ave

Spec.—5-19-13—M. & T.—500 Bks.

C93064

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93064

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 27 Battery 6th 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathleen Conyamon

(Residence in Baltimore: No. 1701 on Battery av St.; ...yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan 16, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, B. J. Conyamon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie Shields

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. J. Conyamon

(Address) 1701 Battery av

15- Filed MAR 12 1916, 19... BOARD OF APPEALS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1916, to March 11 1916, that I saw her alive on March 11 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth 7th month
Twins

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Jas A O'Donnell M. D.

March 11 1916. (Address) 1076 Mct Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Mar 12 1916
20-UNDERTAKER	ADDRESS
Jno J Galvagnous	318 Eighth St

Spec.—8-24-14—M. & T.—2000 Bks.

C93065

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93065

CERTIFICATE OF DEATH.

5-54

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Orleans ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nimrod Wescott

(Residence in Baltimore: No. 1307 Orleans St.; 65 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, Unknown ....., 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 43
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. Wescott.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... William Wescott.....

(Address)..... 1307 Orleans St.....

15- Filed MAR 12 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to Mar 10 1916, that I saw him alive on Mar 10 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia.....

..... (Duration) ..yrs. ..mos. ..ds. 1 week

CONTRIBUTORY (Secondary) Old age & Debility

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) E. Heard M. D.

Mar. 12, 1916. (Address) 202 Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Country — DATE OF BURIAL, March 13, 1916.

20-UNDERTAKER W. H. Quinn & Bro — ADDRESS 6084 Pat[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93066 — 119 — C93066

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Glover North ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Pfister

(Residence in Baltimore: No. 605 N. Glover St. St.; 5 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 25 (Day), 1906 (Year)

7-AGE, 9 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... School Boy

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, William H Pfister

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary L. Brunner

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Pfister

(Address) 605 N. Glover St

15- Filed MAR 12 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 11 1916, that I saw him alive on March 11 1916, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
(No Contributory Disease)
(Duration) about yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Uremia
(Duration) yrs. abt mos. 10 ds.

(Signed) John G. Driver M. D.

March 11, 1916. (Address) Fairmount Ave & Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland Cemetery — DATE OF BURIAL, March 13 1916.

20-UNDERTAKER Mrs. A Rohde & Son — ADDRESS 720 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93067 C93067

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 W Mulberry ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Hazel Spencer

(Residence in Baltimore: No. 2129 W Mulberry St.; Yrs. Mos. Ds.) Life times

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, January (Month) 30" (Day) 1916 (Year)

7-AGE, ...yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Leland D. Spencer

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Eleanor K Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leland D Spencer

(Address) 2129 W Mulberry St

15-

MAR 12 1916

Filed....., 191.... ROBT. O. ARNOLD, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10" (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1916, to March 10th 1916, that I saw her alive on March 10th 1916, and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
X-Ray Exposure

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Egbert M Cotterman M. D.

March 12, 191... (Address) 5301 Fredonia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Park Cemetery

DATE OF BURIAL, 3/13, 1916.

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore Maryland St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93668 HEALTH DEPARTMENT—CITY OF BALTIMORE C93068

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Plaza Apts Park Ave & Wilson Sts. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Fowler

(Residence in Baltimore: No. Plaza Apts St.; ....yrs. 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 16th (Month) (Day), 1848 (Year)

7-AGE, 67 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Asst to General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Md Agr Bd R.R. Co

9-BIRTHPLACE, (State or Country), Hagerstown Md

PARENTS.

10-NAME OF FATHER, Robert Fowler

11-BIRTHPLACE OF FATHER (State or Country), Washington Co Md

12-MAIDEN NAME OF MOTHER Susan Keedy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. P. Fowler

(Address) 716 W. Madison St

15- Filed MAR 12 1916, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3rd 1916, to March 11th 1916, that I saw him alive on March 11th 1916, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm D. Loeffler M. D.

March 11th, 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	3-13, 1916

20-UNDERTAKER H. W. Jenkins Sons Co ADDRESS Orchard & McCulloh Sts

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93069

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93069

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1935 Booth ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Brown.

(Residence in Baltimore: No. 1935 Booth St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Maried

6-DATE OF BIRTH, April (Month) 1st (Day), 1853 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 11 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Ellen Bradford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml Brown

(Address) 1935 Booth St.

15- MAR 12 1916 1916 Registrar. ROBERT O. ARCHER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 8th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Saml Hamberg M. D. (Coroner)

March 11th 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 13 1916
20-UNDERTAKER A. Jones	ADDRESS 207 S Stricker

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93070

C93070

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Collington Ave ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Seegerer

(Residence in Baltimore: No. 417 N. Collington Ave. St.; 35 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
73 yrs. ... mos. ... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Seegerer

(Address) 417 N. Collington Ave.

15- MAR 12 1916 HARRY C. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1915, to March 9 1916, that I saw her alive on March 9 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. ... mos. 3 ... ds.

(Signed) Emil Novak M. D.

March 13, 1916. (Address) 823 N. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Mar. 12, 1916.
20-UNDERTAKER	ADDRESS
Hendell Siffel & Son	37 S. Arnold

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93071

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93071

CERTIFICATE OF DEATH.

115

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1026 N. Monroe ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah W Kramer

(Residence in Baltimore: No. Same 1026 N Monroe St.) (If not in Baltimore give length of residence in this City yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 26 (Month) (Day) 1857 (Year)

7-AGE, 58 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bill Collector
(b) General nature of industry, business, or establishment in which employed (or employer): 457

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Noah Kramer

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kramer

(Address) 1026 N. Monroe St.

15- MAR 12 1916 Filed, 191 ISAAC O. ANDREWS, Registrar. Burial Permit 016

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 10 1916, that I saw him alive on March 9 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Abscess of liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic infection

(Duration) yrs. mos. 4 ds.

(Signed) F. M. Tanner M. D.

March 11 1916 (Address) 817 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, March 13, 1916.

20-UNDERTAKER W. P. Bullock & Sons

ADDRESS North Ave

Dr. Tanner Carrollton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

C93072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93072

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 568 Gold ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Goldring

(Residence in Baltimore: No. 568 Gold St. St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 12, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter 866
(b) General nature of industry, business, or establishment in which employed (or employer) Fed Stae

9-BIRTHPLACE, (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER Geo Goldring

11-BIRTHPLACE OF FATHER (State or Country), Chas Co Md

12-MAIDEN NAME OF MOTHER Ellen Lundell

13-BIRTHPLACE OF MOTHER (State or Country) Chas Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Golding

(Address) 1427 Hamburg

15 MAR 13 1916 ROBERT [illegible]
Filed ..... 191 ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1916, to Mar 12 1916, that I saw him alive on Mar 11 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Carcinoma Abdomen

(Duration) yrs. mos. 1 ds.

(Signed) E. Wallace Tyler M. D.

March 12, 1916 (Address) 1928 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, March 13 1916.

20-UNDERTAKER Samuel Lodge ADDRESS 1364 Penn Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C93073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93073

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 151 N Lakewood Ave St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Alvina Grund.

(Residence in Baltimore: No. 151 N Lakewood Ave St.: Life ....yrs.,....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 25 (Day), 1913 (Year)

7-AGE, 2 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles. Grund

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Knight

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Grund.

(Address) 151 N Lakewood.

15- Filed MAR 13 1916, 191.... NORRIS E. GRAUPNER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1916, to March 10 1916, that I saw h.. alive on .. .. 1916, and that death occurred, on the date stated above, at 2.14 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)....yrs....mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) C. A Hearn M. D.

March 11 1916. (Address) 2600 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, March 13 1916

20-UNDERTAKER E & B Hark — ADDRESS 113 E West St.

Spec.—8-24-14—M. & T.—2000 Bks.

Helen L. Oberlander.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93074

CERTIFICATE OF DEATH.

10

C93074

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Eager Place ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen L. Oberlander

(Residence in Baltimore: No. 2330 Eager Place St.; 5 yrs., 6 mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 4, 1907
(Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Oberlander

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna E Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Oberlander

(Address) 2330 Eager Place.

15- Filed MAR 13 1916, 191.. ROBERT F. KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 6 1916, to Mch 12 1916, that I saw h.. alive on Mch 12 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Alan P Lemmon M. D.

Mch 13, 191.. (Address) 715 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oaklawn Cemetery	3/14, 191..
20-UNDERTAKER	ADDRESS
William Cook	502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93075 C93075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 Myrtle Ave. ST.; 17 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Agnes Marshall

(Residence in Baltimore: No. 1048 Myrtle ave. St.; 4 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 31 (Day), 1861 (Year)

7-AGE, 54 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, — Delaney

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Marshall

(Address) 1048 Myrtle Ave

15- Filed MAR 13 1916, 191 ROBERT F. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to Mar. 12 1916, that I saw h[er] alive on Mar. 12 1916, and that death occurred, on the date stated above, at 5-20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) 1 yrs. ... mos. ... ds.

(Signed) Paul E. Brown M. D.

3/12, 1916. (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, March 15 1916

20-UNDERTAKER William Cook ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93076

CERTIFICATE OF DEATH.

120

C93076

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria E Knoblock

(Residence in Baltimore: No. 731 N. Broadway St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, February (Month) 16 cts (Day) 1857 (Year)

7-AGE.	If LESS than 1 day, ...hrs. or .....min.?
59 yrs. mos. 24 ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tea & Grocery Business
(b) General nature of industry, business, or establishment in which employed (or employer): Proprietress

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John F Roth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna E Kramer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Knoblock

(Address) 731 N. Broadway

15- Filed MAR 13 1916, ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20 1916, to March 11 1916, that I saw her alive on March 11 1916, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial and Renal insufficiency

Probably, Chr. Interstitial Nephritis

(Duration) unknown yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Emphysema of lungs and enlarged heart (Duration) ? yrs. mos. ds.

(Signed) J. R. Carroll M. D.

March 11 1916 (Address) 1740 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Mar. 14th, 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1826 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93077

CERTIFICATE OF DEATH.

C93077

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 W. North ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Lewis

Residence in Baltimore: No. 2915 W North ave St.; 45 yrs. ..... mos. ..... ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) ..... 10th (Day), 1851. (Year)

7-AGE, 64 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired '31
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Light House Service

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna C Lewis

(Address) 2915 W. North ave

15 Filed MAR 13 1916, 191 ROBERT F. ERADUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 11 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 1915. to March 11 1916, that I saw him alive on March 11. 1916, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Secondary Cancer of Liver

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Hasner C. Clarke M. D.

3.11. 1916. (Address) 1201 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 14th, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

C93078

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93078

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 808 E 41st St.; 9 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E Schmidt

(Residence in Baltimore: No. 808 E 41st St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan 22nd, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Schmidt

(Address) 808 E 41st st

15- Filed MAR 13 1916 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (?)

.... (Duration) .... yrs. .... mos. .... ds.

(Signed) Edward J. Kinsella M. D.
(Coroner.)

March 12th, 1916. (Address) 156 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Matthews Lutheran	March 14 1916
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93079

CERTIFICATE OF DEATH.

120 C93079

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John O. Ficker

(Residence in Baltimore: No. 2804 Simpson St St.; 1 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, not known, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Ficker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Monument St

15- MAR 13 1916 ROBERT A. KRAUSE
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to Mar 10 1916, that I saw h[illegible] alive on Mar 10 1916, and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Lynch M. D.

Mar 10, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2804 Simpson St

Former or usual residence 2804 Simpson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laural Cemetary	March 13., 1916
20-UNDERTAKER	ADDRESS
Robert A Elliott	504 East 24

Spec—3-24-14—M. & T.—2000 Bks.

C93080

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93080

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Durst Alley ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gicol Janney

(Residence in Baltimore: No. 1213 Durst Alley St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 8, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ferdinand Janney

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Louise Janney

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Janney (Father)

(Address) 1213 Durst Alley

15-
Filed MAR 13 1916, 191... ROBERT . CRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 191..., to March 13 191...,
that I saw h... alive on March 12 191...,
and that death occurred, on the date stated above, at 3 a.m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Mar 14..., 1916.
20-UNDERTAKER	ADDRESS
Armstrong Deny Co	715 Light ST

10 A. M.

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. — 24-14—M. & T.—2000 Bks.

93081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93081

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Wyeth St. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel L Conroy

(Residence in Baltimore: No. 640 Wyeth St's t St.; 30 yrs., 2 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 31 (Month) (Day), 1885. (Year)

7-AGE, 30 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work Press Feeder
(b) General nature of industry, business, or establishment in which employed (or employer) Printer

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Dennis Conroy

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Laura Gardiner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Conroy

(Address) 640 Wyeth St.

15- MAR 13 1916 Filed....., 191.... ROBERT . ERAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to Mar 11 1916, that I saw h[illegible]ive on Mar 11 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Tuberculosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John F Lowrey M. D.

Mar 13, 191 (Address) 1420 Lorm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Mar. 15; 1916.

20-UNDERTAKER John F Lowrey Son — ADDRESS 908 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093082 093082

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 Bentalou ST.; 20 WARD)

2-FULL NAME William F. Walters

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 562 Bentalou St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 21, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country) Atlanta Ga.

PARENTS.

10-NAME OF FATHER, William F. Walters

11-BIRTHPLACE OF FATHER (State or Country), Atlanta Ga

12-MAIDEN NAME OF MOTHER Mary Walters

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Walters (Son)

(Address) 562 Bentalou St

15- Filed MAR 13 1916, 191. ROBERT J. KRAUTH Asst. Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 1916, to March 11 1916, that I saw him alive on March 9 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
Valvular Disease of Heart
(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia
Ordered (Duration) 5 yrs. mos. 5 ds.

(Signed) Robert C Mikels M. D.

March 11, 1916. (Address) 25 N Bakers St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, March 14 191.6

20-UNDERTAKER John Herman & Son — ADDRESS 901 Hollins St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93083

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93083

CERTIFICATE OF DEATH.

REGISTERED No. C 71

PLACE OF DEATH

CITY OF BALTIMORE (No. 3140 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Helen R. Murphy

(Residence in Baltimore: No. 3140 Stafford St.; yrs., 5 mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) Sept. 17th (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Louis Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Magaret Maddox

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Murphy

(Address) 3140 Stafford St.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 12th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) ....find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Paul Ottenberg M. D.
(Coroner.)

March 17 191.6 (Address) 1302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount (St Mary)	March 14, 1916.
20-UNDERTAKER	ADDRESS
John J Bowman & Son	901 Dolphin St

MAR 13 1916

Filed....., 191.... NOTED: ERADUTED

Burial Permit Issued

Returned

Spec.—8-24-14—M. & T.—2000 Blks.

C93084 C93084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

REGISTERED NO. C.....

1-PLACE OF DEATH Bidder Sullivan Sanitarium

CITY OF BALTIMORE: (No. 2724 N Charles ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Libbie Etta Carle

(Residence in Baltimore: No. 508 N Carrollton Ave St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 9, 1867
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, Wm H. Derr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Hedges

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Florence Murray

(Address) 508 N. Carrollton Ave

15- MAR 13 1916 ROBERT E. CRAUTHS, Burial Permit Clerk
Filed ..... 191.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1915, to Mar 12 1916, that I saw h[illegible] alive on Mar 11 1916, and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Hypostasis of Pneumonia

(Duration) 2 mos. ds.

CONTRIBUTORY (Secondary) Shock from Operation

(Duration) yrs. 2 mos. ds.

(Signed) Jno. K. F. Kolb M. D.

3/12, 1916 (Address) 2142 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dont know

Former or usual residence 508 N Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, March 14 1916

20-UNDERTAKER Chas E. Franck — ADDRESS 802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93085 28 C93085

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy E. Murphy

Residence in Baltimore: No. 933 Harford Ave St.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 6, (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Policeman

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edwd Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margt. T. Murphy

(Address) 933 Harford Ave

15- MAR 13 1916 NOBART . KRAUTER, Special Permit Clerk Registrar.

Dr Hess

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1915, to Mar 11 1916, that I saw h m alive on Mar 10 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 4 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr Simon Hess M. D.

Mar. 13, 1916 (Address) 914 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	Mar. 15, 1916
20-UNDERTAKER	ADDRESS
H. C. Wedefeld	914 Gramm Ave

C93086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C93086

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2007 Madison ave.; St. 14 WARD) REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Alexander Cranston

(Residence in Baltimore: No. 2007 Madison ave St.: 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	widower

6 DATE OF BIRTH: Jan. (Month) 23 (Day), 1835 (Year)

7 AGE: 71 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House 718

9 BIRTHPLACE (State or country): Lancaster Pa

PARENTS

10 NAME OF FATHER: Alexander Cranston

11 BIRTHPLACE OF FATHER (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Sarah Mullen

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Sarah Cranston

(Address) 2007 Madison ave

MAR 13 1916 Filed ..... 19.. BURIAL PERMIT ISSUED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1916, to Mar 11 1916, that I saw him alive on Mar 11 1916, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat
Operation

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), H C Hess M. D.

Mar. 12, 1916. (Address) Govans Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Presbyterian Govans — DATE OF BURIAL: Mar. 13 1916

20 UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Fremont ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93087

CERTIFICATE OF DEATH.

51 C93087

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.: Wyndy WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ester Coplin

(Residence in Baltimore: No. 1121 Myrtle Ave. St.: 21 yrs., 11 mos. 19 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, March (Month) 23 (Day), 1894 (Year)

7-AGE, 21 yrs. 11 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 999

9-BIRTHPLACE, (State or Country) Baltimore city Md

PARENTS.

10-NAME OF FATHER, Mr. James Coplin

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Lena Hilman

13-BIRTHPLACE OF MOTHER (State or Country), Europe.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15- Filed MAR 13 1916 ROBERT J. BRACTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 13 1916, that I saw her alive on March 13 1916, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Thyroid Intoxication

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ex. opthalmic Goitre Operation for

(Duration) yrs. mos. 2 ds.

(Signed) Wm C Bean M. D.

3/13, 1916 (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1121 Myrtle Ave

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rodeph Sh Rd

DATE OF BURIAL, 3/15, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1419 E Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93088

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93088

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 126 N Amity ST.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Catherine Smith

(Residence in Baltimore: No. 126 N Amity

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	Col	Single

6-DATE OF BIRTH, Nov 7, 1914
(Month) (Day) (Year)

7-AGE, yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Horace Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace Smith

(Address) 126 N Amity St

15- MAR 13 1916 191 ROBERT J. GRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry!) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Jeffers M. D.
(Coroner.)

March 11, 1916 (Address) 24 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Mar 13 1916

20-UNDERTAKER Alfred J. Freeland ADDRESS 114 N Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jh Hearn

093089

HEALTH DEPARTMENT--CITY OF BALTIMORE

093089

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH Guilford Ave + 21st St. REGISTERED NO. C .....

CITY OF BALTIMORE (No. Home for Incurables ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Hearn

(Residence in Baltimore: No. Home for Incurables St.; 71 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Sept 5, 1844
(Month) (Day) (Year)

7-AGE 71 yrs. 6 mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework.

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marion Hearn

(Address) 700 N 40th St Phila Pa

15- Filed MAR 13 1916 191 ROBERT . GRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 1915, to Mch 11 1916, that I saw h-r alive on Mch 11th 1916, and that death occurred, on the date stated above, at 9.15a m. The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Pneumonia

(Duration) 25 yrs. ..... mos. ..... ds.

(Signed) C. H. Galbreath M. D.

Mch 12, 1916. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 15 yrs. — mos. — ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Salisbury Md. | DATE OF BURIAL Mch 13 1916

20-UNDERTAKER H E Hughes | ADDRESS 17 S Broadway

Spec.—5-19-13—M. & T.—500 Bks.

C93090

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93090

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Chester ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Randall Hughes

(Residence in Baltimore: No. 118 S. Chester St St.; 67 yrs., 2 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 27 (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 2 mos. 13 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Scott Hughes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rebecca Knapp

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis M Eastman Jr

(Address) 1505 Edmondson

15-
MAR 13 1916
Filed....., 191...
ROBERT . GRAULTY
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 10 1916, to Mch 11 1916, that I saw him alive on Mar 11 1916, and that death occurred, on the date stated above, at 7.15P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Lewis M Eastman Jr M. D.

Mch 11, 1916 (Address) 1505 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Mch 15 1916
20-UNDERTAKER	**ADDRESS**
H E Hughes	17 S Broadway

C93091

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93091

CERTIFICATE OF DEATH.

79

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2832 Montebello ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Marie McAllister

(Residence in Baltimore: No. 2832 Montebello ave St.; 51 yrs., 9 mos. 21 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 21st (Day), 1865 (Year)

7-AGE. 51 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Eick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Hetzenrieder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Daniel McAllister Jr.

(Address) 2832 Montebello Ave

15- FILED MAR 13 1916. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Elisabeth L. Cassell M. D. (Coroner.)

March 11th, 1916. (Address) 156 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 14, 1916
20-UNDERTAKER Henry Hoerle Son	ADDRESS 1301 E Eager st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93092

C93092

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Dit. ave. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Sarah E. Jones

(Residence in Baltimore: No. 703 Dit. ave. St.; 15 yrs., ... mos. ..... ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1881 (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public schools

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Patrick Pigon

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Jones

(Address) 703 Dit. Ave.

15-

Filed MAR 13 1916, 19.. ROBERT T. BRADTMR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 25th 1915, to March 11th, 1916, that I saw him alive on March 10th 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

a Tuberculosis Pulmonary Chronic

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary Chronic

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ellis M. D.

3/11, 191.. (Address) 924 Mass Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 14, 1916

20-UNDERTAKER John A. Bishop — ADDRESS 107 E. Biddle

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93093 C93093

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen M Maddox

(Residence in Baltimore: No. 1222 Hollins St.; ....yrs.,....mos. 1 ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 8 (Day), 1878 (Year)

7-AGE, 37 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William F Herbrotte

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Matilda E Mason

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Maddox

(Address) Lansdowne

15- Filed MAR 13 1916, 191.. ROBERT E. CRAIG Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to March 11 1916, that I saw her alive on March 10 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration) one yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Raymond V Blanz M. D.

March 11, 1916 (Address) Lutherville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Lansdowne Md

Former or usual residence Lansdowne Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, March 14, 1916.

20-UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93094

CERTIFICATE OF DEATH.

(19) C93094

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital for Children ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Hermann Lewis

(Residence in Baltimore: No. 122 South Carrolton Ave St.; 0 yrs. 11 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April (Month) 6 (Day), 1915 (Year)

7-AGE, 0 yrs. 11 mos. 7 ds.

If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Emil H. Lewis

11-BIRTHPLACE OF FATHER (State or Country). Lexington, Va.

12-MAIDEN NAME OF MOTHER Cayntolia Jordan

13-BIRTHPLACE OF MOTHER (State or Country). Harrisonburg Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Warren Janney, M.D.

(Address)..... 27 North Calvert St.

15- NOTICE RECEIVED Filed MAR 13 1916 Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 1 1916, to Mar. 12 1916, that I saw him alive on March 12 1916, and that death occurred, on the date stated above, at 6.35 a.m. Mar 13-16

The CAUSE OF DEATH* was as follows:

Colitis

..... (Duration) ..yrs. ..mos. 13 ds.

CONTRIBUTORY (Secondary) Dentition Bronchitis Chicken Pox

..... (Duration) ..yrs. ..mos. 2 ds.

(Signed) Walter B. Platt M. D.

March 13, 1916. (Address) 202 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 14 ds. In the State 0 yrs. 11 mos. 7 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 122 South Carrolton Ave.

19-PLACE OF BURIAL OR REMOVAL, Ft Peters Cemetery — DATE OF BURIAL, March 14 1916.

20-UNDERTAKER John F. Fields — ADDRESS 1200 W. Lombard

9 a.m.

Spec.—5-19-13—M. & T.—500 Bks.

C93095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93095

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Eden ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Elizabeth Bittorf

Residence in Baltimore: No. 202 N. Eden St. St.; 22 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October 7, 1891
(Month) (Day) (Year)

7-AGE 24 yrs. 5 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Nicholas P. Bittorf

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Becker

(Address) 202 N. Eden St.

15- Filed MAR 13 1916, 191.. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29 1916, to March 11 1916, that I saw her alive on March 11 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

several years
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) W. C. Sandrock M. D.

March 12, 1916. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park Cem't — DATE OF BURIAL, March 14, 191..

20-UNDERTAKER Davis & Heemann — ADDRESS 22 S. Broadway

Spec.—5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93096 C93096

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Jefferson ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ford.

(Residence in Baltimore: No. 1805 Jefferson St.; ....yrs., ...mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, ... 3 (Month) 12 (Day), 1916. (Year)

7-AGE, ...yrs. ....mos. .....ds. If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Luth Ford

11-BIRTHPLACE OF FATHER (State or Country), Crisfield Md

12-MAIDEN NAME OF MOTHER Mary Ellis

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Ford

(Address) 1805 Jefferson

15- MAR 13 1916 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/12 1916, to 3/12 1916, that I saw h-r alive on 3/12 1916, and that death occurred, on the date stated above, at 5/6 m.

The CAUSE OF DEATH* was as follows:

Dysentery

..... (Duration) ....yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) L. J. Pendleton M. D.

3/13, 191.... (Address) 1026 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	3/13, 1916
20-UNDERTAKER	**ADDRESS**
S. Frew McCully	37 E. Fort.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93097 (93097

REGISTERED No. C 29

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1039 N Broadway ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Catherine T Gordon

(Residence in Baltimore: No. 1039 N Broadway St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH: Sept 9th, 1868
(Month) (Day) (Year)

7-AGE: 47 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: James Gordon

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Catherine Taylor

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Gordman

(Address) 1039 N Broadway

15. MAR 13 1916 Filed ..... 191.... ROBERT ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 12th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Mania Mercia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edgar L Kurtz M. D.
(Coroner.)

Mch 12, 1916. (Address) 1516 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Mar 15 1916

20-UNDERTAKER: Robt Turner — ADDRESS: 1 y n Pkway

C93098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93098

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 511 W. Register St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wild

(Residence in Baltimore: No. 1705 Lansing Ave. St.; yrs. 10 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1861 (Year)

7-AGE, 54 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer)..... shipyard

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wild

(Address) 1705 Lansing Ave.

15- MAR 13 1916 FORREST H. KRAUTER, [illegible]

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Heart Disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Geo. L. Kasel M. D.
(Coroner.)

Mch 13, 1916 (Address) 19 E. Wilkens Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, March 14, 1916

20-UNDERTAKER Roth & Turner — ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93099 C93099

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1706 N Dallas St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Butler

(Residence in Baltimore: No. 1706 N Dallas St.; 50 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. March 20, 1866
(Month) (Day) (Year)

7-AGE. 50 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Neubarre

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER. Dorat Thow

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Butler

(Address) 1706 N Dallas

15- Rcvd. MAR 13 1916, 191.... ROBERT , KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to March 11 1916, that I saw her alive on March 11 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic nephritis.

(Duration) yrs. 7 mos. ds.

(Signed) J. Thos. L. Sanderson M. D.

Mar 13, 1916. (Address) 1714 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Mar 14, 1916
20-UNDERTAKER. Robt F Turner	ADDRESS 1712 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93100 28 C93100

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1812 N Bond ST. 8 WARD)

2-FULL NAME Joseph C Mackin

(Residence in Baltimore: No. 1812 N Bond St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and not out No. 18.)

(Filled in Office yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Aug 24 (Month) (Day), 1885 (Year)

7-AGE. 30 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerical work
(b) General nature of industry, business, or establishment in which employed (or employer). Office work

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Francis M Mackin

11-BIRTHPLACE OF FATHER. (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER. Catherine Dailey

13-BIRTHPLACE OF MOTHER. (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Mackin

(Address) 812 N. Bond St.

15-MAR 13 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to [illegible] 11 1916, that I saw him alive on [illegible] 11 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .....yrs. 8 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) John W Donaldson M. D.

March 12, 1916 (Address) 714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. March 14, 1916

20-UNDERTAKER P. A. Turner

ADDRESS 742 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93101 — 82 C93101

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 638 W. North ave. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Virginia Wilkinson.

(Residence in Baltimore: No. ~~Same~~ 638 W. North ave.; Life yrs. most ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 17 (Month) (Day), 1874 (Year)

7-AGE, 61 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, John Bonn

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER, Elizabeth Brannan

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. C. Wilkinson

(Address) 638 W. North ave.

15- MAR 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Mar 10 & 1916, that I saw h[er] alive on Mar 10 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Thrombosis Left Side of Brain

(Duration) yrs. 1 mos. d. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) J. D. Gibson M. D.

Mar 13, 1916. (Address) 211 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Mch. 13, 1916.

20-UNDERTAKER W. F. Edwardson — ADDRESS Norton

W. F. Edwardson 211 W. Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93102 C93102

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 512 W. Conley St., WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Lindhorst

(Residence in Baltimore: No. 512 W. Conley St. St.: 60 yrs,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb. 4, 1849 (Month) (Day) (Year)

7-AGE 67 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proprietor 314
(b) General nature of industry, business, or establishment in which employed (or employer)..... Printing Establishment

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Lindhorst

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Henry Lindhorst Jr

(Address). 512 W. Conley St

15- Filed MAR 13 1916, 19.. ROBERT GRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11, 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-9-16 191.6, to 3-11 191.6, that I saw him alive on 3.10 191.6, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chr. Int. Nephr. His

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ascending Pulmonary Oedema (Duration) yrs. mos. 3 ds.

(Signed) S. J. Fauce M. D.

3.12, 1916. (Address) 1959 McElderry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Trinity Cem. DATE OF BURIAL, Mar. 14..., 1916.

20-UNDERTAKER Rob't O'Donnell ADDRESS 1442 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

Louise Markotter

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93103

CERTIFICATE OF DEATH.

C93103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorraine Markotter

(Residence in Baltimore: No. 803 S Broadway St.; 6 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 17, 1915 (Month) (Day) (Year)

7-AGE, 9 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Maryland

PARENTS.

10-NAME OF FATHER, John Markotter

11-BIRTHPLACE OF FATHER (State or Country), Australia

12-MAIDEN NAME OF MOTHER, Martha Molachewitz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- MAR 13 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 12 1916, that I saw her alive on March 12 1916, and that death occurred, on the date stated above, at 11 25 a.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 14 ds.

(Signed) Gillett W. Boatt M. D.

March 13 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....1.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 803 S Broadway

19-PLACE OF BURIAL OR REMOVAL, St Evangelical — DATE OF BURIAL, March 13 1916

20-UNDERTAKER H. Lander & Sons — ADDRESS 120 Mott St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93104

CERTIFICATE OF DEATH

91 C93104

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1115 Brewer ST 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Leroy Collins

(Residence in Baltimore: No. 1115 Brewer St.: 2 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

6 DATE OF BIRTH: Apr. 10, 1913 (Month) (Day) (Year)

7 AGE: 2 yrs. 11 mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Emanuel Collins

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Ethel Washington

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ethel Washington

(Address) 1115 Brewer St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 191 , to. Mar 9 1916. that I saw him alive on Mar. 8, 1916. and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Frank E. Wagner M. D.

Mar. 9, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND. DATE OF BURIAL: MAR 11 1916

20 UNDERTAKER: [illegible] ADDRESS: [illegible] St Balt

Filed MAR 13 1916 191—

ROBERT J. KRAUTER, Burial Permit Clerk.

REGISTRAR

Commissioner Health.

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93105 119 C93105

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospl. ST.; 17 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex, Starlight

(Residence in Baltimore: No. 912 Angyle Ave St.; .....yrs., ...mos. .....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ..., 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. .....mos. .....da. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shredder Op't
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Do not Know

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) R. L. Wright
(Address) Md. General Hospital.

15- MAR 13 1916 ROBERT . BRATHER,
Filed....., 191... Burial Permit Clerk,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 8th 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29th 1916, to March 8th 1916, that I saw him alive on March 8th 1916, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) .....yrs. .....mos. 1 da.

CONTRIBUTORY (Secondary) Ac. Parenchymatous Nephritis (Duration) .....yrs. .....mos. 9 da.

(Signed) Frank E. Shipley M. D.
Mar. 8th, 1916. (Address) Md. Gen. Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs. .....mos. 9 da. In the State .....yrs. .....mos. .....da.
Where was disease contracted, if not at place of death? ?
Former or usual residence 912 Angyle Ave.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

UNIVERSITY OF MARYLAND MAR 1 1916
Commissioner Health.
FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93106

CERTIFICATE OF DEATH.

28 C93106

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Pierce ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Killeen

(Residence in Baltimore: No. 813 Pierce St.; 35 yrs., 1 mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	Married

6-DATE OF BIRTH, Feby 10th, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Junk Business

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm H. Killeen

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ball

(Address) 93 Pierce St

15- Filed MAR 13 1916 ROBERT . KRAUTER, Burial Permit Clerk) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 17th 1916, to March 10th 1916, that I saw him alive on March 8th 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pulmonary Tuberculosis (Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) — yrs. 6 mos. — ds.

(Signed) Edmund A. Mackenzie M. D.

March 13th, 1916 (Address) 1529 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	March 14, 1916.
20-UNDERTAKER Daniel Easton	ADDRESS 916 Penna Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93107 — 79 C93107

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W Hill ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Joynes

Residence in Baltimore: No. 111 W. Hill St.; 25 yrs., — mos., — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1857 (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Accomac Co. Va

PARENTS.

10-NAME OF FATHER, Louis Dicks

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Jackson

(Address) 111 W Hill St

15- MAR 13 1916 ROBERT . KRAUTER, Registrar

Filed....., 191... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to March 11 1916, that I saw h-r alive on March 11 1916, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

Insufficiency of Aortic valves

(Duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 11 ds.

(Signed) J. B. Hinton M. D.

March 12, 1916 (Address) 714 S Wash St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cem — DATE OF BURIAL, March 14 1916

20-UNDERTAKER Jno. T. Toadvine — ADDRESS 142 W. Hill St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93108

C93108

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 17 WARD)

2-FULL NAME Bella H. Walton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 301 E North Ave. St.; 0 yrs., 9 mos. ? ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Married

6-DATE OF BIRTH, Nov (Month) 30 (Day), 1874 (Year)

7-AGE, 41 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none +
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country). Georgia

PARENTS.

10-NAME OF FATHER. Chas B Hicks

11-BIRTHPLACE OF FATHER (State or Country). Georgia

12-MAIDEN NAME OF MOTHER Josephine Anthony

13-BIRTHPLACE OF MOTHER (State or Country). Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr H H Walton

(Address) 301-E-North Ave

15- MAR 13 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1916, to March 13 1916, that I saw h-e alive on March 13 1916, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Pleurisy + Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Oscar V. Pennlandt M. D.

March 13, 1916 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 0 yrs. 9 mos. ? ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 301 E. North Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	March 15, 1916
20-UNDERTAKER Stewart Mowen Co	ADDRESS 1080 North Ave

C93109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 C93109

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 909 St. Paul St. St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susannah Leverett (Batcheller) Johnson

(Residence in Baltimore: No. 909 St Paul St. St.; 6 yrs. 11 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 12th (Day), 1850 (Year)

7-AGE: 66 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Philadelphia. Penn

PARENTS

10-NAME OF FATHER: Rev Breed Batcheller

11-BIRTHPLACE OF FATHER (State or country): Keen New Hampshire

12-MAIDEN NAME OF MOTHER: Sarah Miller Leverett

13-BIRTHPLACE OF MOTHER (State or country): Vandsor Vermont

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Charles W L Johnson

(Address) 909 St Paul Street

15. MAR 13 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 12th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October, 1915, to March 12, 1916, that I saw h[illegible] alive on March 12, 1916, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma Metastases.
Original tumor - Carcinoma of breast - removed four yrs ago.

(Duration) 4 yrs. ..... mos. ..... ds

Contributory (SECONDARY): Thrombosis left middle cerebral artery

(Duration) ? yrs. 9 mos. ..... ds.

(Signed), Louis Hamman M. D.

March 12, 1916. (Address) 714 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: March 14, 1916

20-UNDERTAKER: A W Jenkins & Sons

ADDRESS: Mt Cullob & Orland

C93110

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93110

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 409 Glen Edward Ave St. 17 W. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Paul Edward Sprucebanks.

(Residence in Baltimore: No. 409 Glen Edward Ave St.; 7 yrs. 3 mos. 9 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 3, 1908 (Month) (Day) (Year)

7 AGE: 7 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Salem T. Sprucebanks

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Virginia Lambert

13 BIRTHPLACE OF MOTHER (State or country): Virginia.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Sprucebanks

(Address) 2602 Bernard st

15 Filed MAR 13 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 12, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1916, to Mar 12 1916, that I saw h[illegible] alive on Mar 11, 1916, and that death occurred, on the date stated above, at 2304 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY): Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Roscoe Croasdale M.D.

Mar 12, 1916 (Address) 2438 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hampden

19 PLACE OF BURIAL OR REMOVAL: St Mary's Cem.

DATE OF BURIAL: Mar. 14, 1916

20 UNDERTAKER: W B Cook

ADDRESS 1012 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C93111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 111 C93111

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Ingraham

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs. ....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 1, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Edgar S. Ingraham

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Edith Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar S. Ingraham

(Address) Catonsville Md.

15- MAR 13 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1916, to Mar 12 1916, that I saw him alive on Mar 12 1916, and that death occurred, on the date stated above, at 10.40 A.M.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

..... (Duration) hrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) Edward L. Smith M. D.

Mar 12, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 26 ds. In the State 5 yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? Catonsville Md.

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Columbus Ohio.	Mch 13, 1916.
20-UNDERTAKER	ADDRESS
Edw. Mitchell & Co.	120 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93112 HEALTH DEPARTMENT--CITY OF BALTIMORE C93112

CERTIFICATE OF DEATH

Registered No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. The Homewood Apts. 31st & Charles St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Cobb

(Residence in Baltimore: No. The Homewood Apts. 31st & Charles St. 1 yr. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July 5th (Month) (Day), 1832 (Year)

7-AGE: 83 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Andrew W. Poulson

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. M. McCormick

(Address) The Homewood Apts.

MAR 13 1916 Filed ....., 191 HARRY O. ARLANDS, Burial Permit Officer, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 12 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1916, to March 12 1916, that I saw her alive on March 12, 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Aphasia

(Duration) 6 yrs. mos. ds

Contributory (SECONDARY) Slow Cerebral Softening and Exhaustion

(Duration) say 6 yrs. mos. ds.

(Signed) Dr. Robert W. Mifflin M. D.

March 12, 1916. (Address) 1016 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: March 14, 1916.

20-UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 120 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93113 C93113

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Madison St. 14 Ward) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anita O. Frazier

(Residence in Baltimore: No. 1527 Madison St.; ....yrs., 1 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, January 17, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Alonzo Frazier

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C

12-MAIDEN NAME OF MOTHER Willie Howard

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Frazier

(Address) 1527 Madison St

15- Filed MAR 13 1916 HARRY O. ARLANDS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 17th 1916, that I saw her alive on March 10th 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as followa:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter W. White M. D.

March, 191.6 (Address) 1101 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem — DATE OF BURIAL, May 14, 1916

20-UNDERTAKER Theodore White — ADDRESS 1702 Lough St

Spec.—8-24-14—M. & T.—2000 Bks.

C93114

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

C93114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Howard A Kelly Hospital.

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Van Buren Paul.

(Residence in Baltimore: No. The Howard A Kelly Hospital 1418 Eutaw Place St.; ... yrs. 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... January (Month) ..... 26 (Day), 1867 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 7 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austin, Texas.

PARENTS.

10-NAME OF FATHER, John L. Haynes

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Angelica D. Wells

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Haynes

(Address) Laredo Texas

15- Filed MAR 13 1916, 19.. HARRY C ADAMS, Special Deputy Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to March 13 1916, that I saw her alive on March 13 1916, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Pelvic Abscess

Two or three years

(Duration) ... yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis Pneumonia

(Duration) 6 yrs. 4 mos. 7 ds.

(Signed) Wm. H. Kiel Jr. M. D.

3-13..., 191... (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 11 ds. In the State ... yrs. 7 mos. 11 ds.

Where was disease contracted, if not at place of death? Don't know.

Former or usual residence Calcutta, India.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Austin Texas	March 17, 1916

20-UNDERTAKER	ADDRESS
Chas. G. Black	1201 E. Baltimore St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR BINDING

Mad 150

Form 8-24-14—M. & T.—2000 Bks.

93115

HEALTH DEPARTMENT—CITY OF BALTIMORE

93115

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1516 Aliceanna ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ceslaw Przewoznik

(Residence in Baltimore: No. 1516 Aliceanna St St.; ..... yrs., 6 mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 4 (Day), 1915 (Year)

7-AGE, 1 yrs. 11 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Paul Przewoznik

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Eva Pakulska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Przewoznik

(Address) 1516 Aliceanna St

15- Filed MAR 13 1916, 191..... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Mar 12 1916, that I saw h[illegible] alive on Mar 12 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

.....

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Knox Ingeland M. D.

March 16, 191... (Address) 2938 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 14, 1916.

20-UNDERTAKER William Fiallowski

ADDRESS 1618 Eastern Ave

C93116

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93116

CERTIFICATE OF DEATH.

x 155

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 South, East ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Guy Rawlings

(Residence in Baltimore: No St Joseph's Hospital St.; yrs., mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
M	White	Single

6-DATE OF BIRTH, June (Month) 17 (Day) 1885 (Year)

7-AGE, 27 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert Rawlings

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Victoria Ashmead

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Cook

(Address) 502 E North

15-MAR 13 1916 Filed ....., 191.

ROBERT O ANDREWS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Primary) Cerebral Hemorrhage Incised Wound Throat

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar A. Hayward M. D.
(Coroner.)

March 13th, 1916 (Address) N. E. R. Mutual Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3616 Eaton Ave

19-PLACE OF BURIAL OR REMOVAL, Cedarville Prince George Co Md — DATE OF BURIAL, Mar 14 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93117 — CERTIFICATE OF DEATH. — 91 — C93117

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Garrett Hospital for Children ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Scharf

Residence in Baltimore: No. 2524 Boyd St

St.; — yrs., 11 mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 8 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
X yrs. 11 mos. 4 ds.	X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Martin Scharf

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie C. Gross

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Scharf

(Address) 2524 Boyd St.

15- Filed MAR 13 1916, 191... ROBT. O. ANDREWS, Registrar. ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 12 1916, that I saw h im alive on March 11 (10 p.m.) 1916, and that death occurred, on the date stated above, at 3.10 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Emphysema, Syphilis (autopsy)

Acute Cardiac Dilatation

(Duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Tenney M. D.

, 191... (Address) 27 North Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Ordered by Coroner.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State 0 yrs. 11 mos. 4 ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 2524 Boyd St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, [illegible] 14, 1916.

20-UNDERTAKER C. W. Dill — ADDRESS 3109 Fredk. Ave.

C93118

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93118

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1200 N Montford Ave. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Reilly

(Residence in Baltimore: No. 1200 N Montford Ave ST.; 61 yrs. ..... mos. ..... ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Dec. (Month) 12 (Day), 1847 (Year)

7-AGE: 68 yrs. 3 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Bernard Gannon

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Clark

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Reilly

(Address) 1200 Montford Ave.

15- Filed MAR 13 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1915, to, Mch 13 1916, that I saw her alive on Mch 12 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Paralysis

(Duration) — yrs. — mos. — ds.

(Signed) H. Powers M. D.

3/13/1916. [Address] 2371 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: March 16, 1916

20-UNDERTAKER: Henry D. Mears & Son

ADDRESS: 805 N Calvert St

C93119 HEALTH DEPARTMENT---CITY OF BALTIMORE C93119

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1952 West Mulberry Street St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis J. Fresch

(Residence in Baltimore: No. 1952 West Mulberry St. St.; 72 yrs. 11 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March 26, 1843 (Month) 1 (Day) (Year)

7-AGE: 72 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fireman 700
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City Fire Dept.

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Julius Fresch

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: -------- Diaz

13-BIRTHPLACE OF MOTHER (State or country): France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Carrie Fresch

(Address) 1952 W. Mulberry St.

15- Filed MAR 13 1916 191 ASST'T C. A[illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11 (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1915, to, March 11 1916, that I saw h[illegible] alive on March 11 1916, and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows:

(a) Diabetes Mellitus

(Duration) 2 yrs 2 mos 25 ds.

Contributory (SECONDARY) Coma

(Duration) yrs mos 2 ds.

(Signed), C.O. Muse M. D

March 13, 1916. [Address] 1034 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	3/14/16 191
20-UNDERTAKER Henry W. Means & Son	ADDRESS 1045 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93120

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C93120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. Hanover ST.; 23 WARD) REGISTERED NO. C.....

2-FULL NAME Angela L Blasi

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1004 S. Hanover st. St.; 1 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 2th (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——— None
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patsis Blasi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Vincenzia Libertini

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patsis Blasi

(Address) 1004 S. Hanover st.

15- Filed MAR 13 1916, 191. HARRY C ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Mar 12 1916, that I saw h— alive on Mar 12 1916, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [redacted] M. D.

Mar 13, 1916. (Address) 1038 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Vincent Cemetery	March 14 1916.
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Hayford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93121

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93121

CERTIFICATE OF DEATH.

105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N Belnord ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Erbeck

(Residence in Baltimore: No. 27 N Belnord ave St.; 3 yrs., 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, November 16, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Erbeck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Nora Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Erbeck

(Address) 27 N. Belnord ave

15- MAR 13 1916 JAMES C. ANDREWS, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to March 13 1916, that I saw her alive on March 13 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. 2 d. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Adolph E. Eisenbarg M. D.

March 13 1916 (Address) 2201 O'Hara Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	March 17 1916
20-UNDERTAKER	ADDRESS
Rendell Hoppel & Son	37 Hanover St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93122

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93122

CERTIFICATE OF DEATH

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2318 E. Fayette ST. 6 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E. Rosenthal

(Residence in Baltimore: No. 2318 E. Fayette St ST. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 18 (Day), 1860 (Year)

7-AGE: 55 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist - 311
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Decorating Co

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Frederick Rosenthal

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Augusta Deltz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Rosenthal

(Address) 2318 E. Fayette St.

15 Filed MAR 13 1916, 191 — BOARD OF HEALTH, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 9- 1916, to March 12 1916, that I saw him alive on March 11, 1916, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) Arterio-sclerosis

(Duration) Indefinite yrs. ..... mos. ..... ds.

(Signed), Henry B. Athey M. D.

March 13, 1916 (Address) 200 N. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: March 14 1916

20-UNDERTAKER: Wendell Disspel & Son — ADDRESS: 37 S Gammon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93123

CERTIFICATE OF DEATH.

C93123

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S High St.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Monteverdi

(Residence in Baltimore: No. 402 S High St.; 50 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 11th (Month) (Day), 1866 (Year)

7-AGE, 50 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 576
(a) Trade, profession, or particular kind of work: City Employe
(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaner

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taverigo

(Address) 402 S. High St.

15- MAR 14 1916 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 11 1916, that I saw h[illegible] alive on March 11 1916, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion!

(Duration) .....yrs. .....mos. 3 ds.

(Signed) J. L. Valentine M.D.

March 13, 1916. (Address) 16 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	March 14, 1916.
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Mo[illegible]

Spec.—5-19-13—M. & T.—500 3ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93124

92 C93124

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Oakley ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Dotterweich

(Residence in Baltimore: No. 2025 Oakley St.; 35 yrs., 9 mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 11 —, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager of Eden
(b) General nature of industry, business, or establishment in which employed (or employer): 670

9-BIRTHPLACE, (State or Country). Md. Maryland

PARENTS.

10-NAME OF FATHER. Jacob Dollenwich

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Spiegel

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Dollenwich

(Address) 604 S. Broadway.

15- Filed MAR 14 1916, 191... ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 14 1916, that I saw h[illegible] alive on March 11 1916, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Paul Brown M. D.

3/17, 1916 (Address) 1837 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, March 15, 1916

20-UNDERTAKER Lilly & Sons

ADDRESS 403 S. Wolfe St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

May R. Mahrer

HEALTH DEPARTMENT--CITY OF BALTIMORE

093125

CERTIFICATE OF DEATH

120

093125

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 233 N. Carey ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. May R. Mahrer,

(Residence in Baltimore: No. 233 N. Carey St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: Oct. 13th, 1848 (Month) (Day) (Year)

7 AGE: 67 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Pearock

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary Ann Cresswell

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna J. Mahrer, by C. Ertz, M. D.

(Address) 233 N Carey St.

15 Filed MAR 14 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 11th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1914, to March 11th 1916, that I saw h[illegible] alive on March 10th, 1916, and that death occurred, on the date stated above, at 4.05 p. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Unknown (Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Charles Ertz, M. D.

March 11, 1916 (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: 3 14 1916

20 UNDERTAKER: H. C. Browning & Son — ADDRESS: 617 N Schroeder St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93126 C93126

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1341 N Fremont Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

*FULL NAME George B Cunningham

Residence in Baltimore: No. 1341 N Fremont Ave St.; 60 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1835 (Year)

7-AGE, 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Home: 218

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vesta Cunningham

(Address) 1341 N Fremont Ave

15- Filed MAR 14 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1916, to Mar 13 1916, that I saw him alive on Mar 12 1916, and that death occurred, on the date stated above, at 9 30P m.

The CAUSE OF DEATH* was as follows:

.....Tobar Pneumonia.....

..... (Duration) yrs. mon. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) yrs. mon. 1 ds.

(Signed) E. William Riley M. D.

Mar 14, 191.6. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmitsburg Md — DATE OF BURIAL, Mar 15, 1916.

20-UNDERTAKER W Fahey & Sons — ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C93127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C93127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 E Eager ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Deitz

(Residence in Baltimore: No. 1240 E Eager St.; 76 yrs. 7 mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 5 (Month) (Day) 1839 (Year)

7-AGE. 76 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Deitz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Hubert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Deitz

(Address) 1240 E Eager St

15- Filed MAR 14 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1916, to March 13th 1916, that I saw h[illegible] alive on March 10th 1916, and that death occurred, on the date stated above, at 11 12 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Stahl M. D.

March 13th 1916 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Schwartz Cem. DATE OF BURIAL, March 16, 1916.

20-UNDERTAKER Wm Cook ADDRESS 702 E Fath st

Remove to 1606 Aisquith St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93128

C93128

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Mt. Holly ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richd. L. Tyler

(Residence in Baltimore: No. 2215 Mt. Holly St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mch

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, ... January ..... (Month) 22 (Day), 1843 (Year)

7-AGE, 73 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... No paid occupation
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Saml. Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Wingate

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lennie Turner (daughter)

(Address) 1114 Fredrick, Md.

15- MAR 14 1916 Filed ....., 191.....

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1915, to March 13 1916, that I saw h im alive on March 7 1916, and that death occurred, on the date stated above, at 4 P. M. m.

The CAUSE OF DEATH* was as follows:

..... Gastric Carcinoma .....

..... Exhaustion ..... about 11 .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. T. Shemwell ..... M. D.

March 13 1916. (Address) 2226 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Wenings Station Cem. Co. DATE OF BURIAL, March 15, 1916.

20-UNDERTAKER Wm. Cook ADDRESS 502 E. Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93129

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93129

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 706 Raborg ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Thomas

(Residence in Baltimore: No. 706 Raborg St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1866 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jos. W Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joshua Williams
(Address) 706 Raborg St

15- Filed MAR 14 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1916 (Month), (Day), (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Potter M. D. Coroner.

March 12, 1916. (Address) 742 W Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Elk Ridge Balto Co	March 15 1916
20-UNDERTAKER	ADDRESS
Geo H Hooper	604 Little Pa

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93130 — 78 C93130

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Northern & Calvert St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Johnson

(Residence in Baltimore: No. 1711 Latrobe st—

St.: yrs., 27 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Col	Married

6-DATE OF BIRTH, ... (Month) Mar (Day) ..... , 1889 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Johnson

(Address) 1711 Latrobe St-

15- Filed MAR 14 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Mar (Day) 12, (Year) 1916.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. Mar (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) 6 yrs. mos. ds.

(Signed) Thos. E. McGee M. D.
(Coroner)

Mar 14, 1916 (Address) 364 W. Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	March 14, 1916

20-UNDERTAKER	ADDRESS
Robt Brooks & Son	175 Calhoun

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C93131

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 27 E Williamson St ST.: 23 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Riess

(Residence in Baltimore: No. 27 E Williamson St S28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Widowed

6-DATE OF BIRTH, ...Nov.... (Month) ....11.... (Day), 1832.. (Year)

7-AGE,	If LESS than 1 day,
....83....yrs....4...mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Banerschmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Backof

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Annie Langenfelder.....

(Address).....27 E Williamson St.....

15-MAR 14 1916 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.... (Month) ....11.... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....Inquiry.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Inquiry.....find that said deceased came to..Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Senile Decay.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....Influenza.....

March 13 16 (Duration).....yrs.....mos....14....ds.

(Signed) .....M. D.
(Coroner.)

3/16., 1916 (Address)...517 Scott St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	March 14 1916
20-UNDERTAKER	ADDRESS
C. Schlosnagle & Son	1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93132

CERTIFICATE OF DEATH.

120 C93132

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Sycamore ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Covey

(Residence in Baltimore: No. 3621 Sycamore St.; 33 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 23 (Day), 1854 (Year)

7-AGE, 61 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): Pole Engineer & Machinist Co.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo. H. Covey

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sybyln Goens

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bettie Covey

(Address) 3621 Sycamore St.

15- MAR 14 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6th 1916, to March 12 1916, that I saw him alive on March 12 1916, and that death occurred, on the date stated above, at 11.21 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Bronchitis Contracted

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) Unknown yrs. mos. ds.

(Signed) [illegible] M. D.

March 14 1916 (Address) 36.32 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) DATE OF BURIAL, March 15, 1916

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Road

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93133

C93133

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3829 Hickory Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susin Hoover

(Residence in Baltimore: No. 3829 Hickory Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1807
(Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer) No occup.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Hoover

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susin Hoffacker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Harris

(Address) 3829 Hickory Ave

15- MAR 14 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/9 1916, to 3/12 1916, that I saw h[illegible] alive on 3/10 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH was as follows:*
Cardio Renal Disease
(Duration) yrs. 1 mos. 9 ds.
CONTRIBUTORY (Secondary) Pulm. Tuberculosis
(Duration) yrs. mos. ds.

(Signed) J. Henry Hopkins M. D.
3/14, 191.., (Address) 1 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys / Hampden — DATE OF BURIAL, March 14 191.6

20-UNDERTAKER Ellenwood & Son — ADDRESS Chestnut Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 (93134

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hospital ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E Holmes

(Residence in Baltimore: No. 421 N Wolfe

St.; yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 2, 1864.
(Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Adam Holmes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Leibe

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Holmes

(Address) 421 N Wolfe st

15- Filed MAR 14 1916, 191.. ROBERT . KRAUTER, Registrar. Registration Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Injuries received by the falling

Pen Elevator

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elijah Trussell M. D.
(Coroner.)

March 13th, 1916. (Address) 126 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 9 ds. In the State 9yrs....mos....ds.

Where was disease contracted, if not at place of death? Conn Cork & Seal Guilford Co

Former or usual residence 421 N Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 14, 1916

20-UNDERTAKER Albert E Fickler

ADDRESS 201 N Broadway

C93135

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93135

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 608 Brune St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefaline Hawkins

(Residence in Baltimore: No. 608 Brune St.: 1 yrs. 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	col	Single

6-DATE OF BIRTH July 28, 1914 (Month) (Day) (Year)

7-AGE 1 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE (State or country) Md. Balto.

PARENTS

10-NAME OF FATHER Eulice Hawkins

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Bessie Grant

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabella Jackson

(Address) 608 Brune

15 Filed MAR 14 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar. 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1916, to Mar 12 1916, that I saw her alive on Mar. 11, 1916, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Frank E. Wagner M. D.

Mar 12, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL 3/14 1916

20-UNDERTAKER Samuel S Hendley — ADDRESS 578 W Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Charles Schiewatsch

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93136

CERTIFICATE OF DEATH.

50 C93136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Inf. ST.; Mal. 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Charles Schiewatsch.

(Residence in Baltimore: No. 517 West Lexington St. St.; 35 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, October (Month) 4 (Day), 1853 (Year)

7-AGE, 62 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor 48 yr
(b) General nature of industry, business, or establishment in which employed (or employer)..... Suits

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Fred Schiewatsch.

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Louisa Haber

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Alsher

(Address) 935 Argyle Ave

15. MAR 14 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to March 13 1916, that I saw him alive on Mch. 13 1916, and that death occurred, on the date stated above, at 10:50 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....

Diabetes (coma) unknown

..... (Duration) ..... yrs. ..... mns. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of knee

..... (Duration) ..... yrs. 17 mos. ..... ds.

(Signed) Leo C. Bean M. D.

3/13, 1916. (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 13 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? Tuberculosis

Former or usual residence 517 W Lexington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Linden Park Cemetery	March 15, 191...
20-UNDERTAKER Mrs A Robertson	ADDRESS 730 Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93137 — 92 C93137

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2008 Ashland Av ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rysanek

(Residence in Baltimore: No. 2008 Ashland Av, St.; 38 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Not Known, 1 (Month) (Day) (Year)

7-AGE 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Tailor Coat Maker
(b) General nature of industry, business, or establishment in which employed (or employer) At Home 482

9-BIRTHPLACE (State or country) Bohemia

PARENTS

10-NAME OF FATHER Joseph Rysanek

11-BIRTHPLACE OF FATHER (State or country) Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Bohemia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) William Rysanek

(Address) 2008 Ashland Av

15- FILED MAR 14 1916 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 3rd (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6, 1916, to, March 12th 1916, that I saw h.... alive on March 12th 1916, and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) Acute dilated Heart.

(Duration) ..... yrs. ..... mos. 30 minutes ds.

(Signed) Geo. Seymour M. D.

March 9th 1916 [Address] 252 E. Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 14 1916
20-UNDERTAKER	**ADDRESS**
Frank Cracknell Son	1904 Eastland Av

Spec.—5-19-13—M. & T.—500 Bks.

C93138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69 C93138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N Caroll ST.: 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V Tieman

(Residence in Baltimore: No. 1012 N Caroll St.: 30 yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.): Married

6-DATE OF BIRTH: Dec 28, 1885 (Month) (Day) (Year)

7-AGE: 30 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Chas Zink

11-BIRTHPLACE OF FATHEP (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Margaret Sifert

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Tieman

(Address) 1012 N Caroll

15- Filed MAR 14 1916, 191.. ROBERT, KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to March 13, 1916, that I saw h er alive on March 13, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma following severe attacks of Epilepsy (Duration) — yrs. — mos. 13 ds.

(Signed) Edwin B. Fenby, M. D.

Mar. 14, 1916. (Address) 1223 N. Carolina st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem. DATE OF BURIAL, March 16 1916.

20-UNDERTAKER J Herwig & Co ADDRESS 2008 Alcon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93139 *29 C93139

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Barthelmes

(Residence in Baltimore: No. Hebrew Hospital St.; ....yrs.,....mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, August (Month) 27 (Day), 1915 (Year)

7-AGE, ...yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Henry Barthelmes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Christina Hammes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Barthelmes

(Address) 215 East Ave

15- Filed MAR 14 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-8 1916, to 3-12 1916, that I saw him alive on 3-12 1916, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

intus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

from obstruction (Duration) ....yrs. ....mos. 1 4 ds.

(Signed) W. C. Wood M.D. M. D.

3-12, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 215 S. East Ave.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Mar. 14, 1916

20-UNDERTAKER John Stevens Co — ADDRESS 200 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93140 C93140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 W Saratoga ST.; 18 WARD) REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca E. Woods

(Residence in Baltimore: No. 828 W. Saratoga St.; 54 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word): Widow

6-DATE OF BIRTH, Dec 10, 1843. (Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: John J. Fisher

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Francis Brooke

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice L. Woods

(Address) 828 W Saratoga

15- MAR 14 1916 191 ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 13 1916, that I saw h alive on March 12 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Hyper Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Senile Decline

(Duration) yrs. mos. 1 ds.

(Signed) A. Norwood M. D.

March 15, 1916. (Address) 539 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, March 15, 1916.

20-UNDERTAKER Lowe Coold — ADDRESS 502 E Pratt.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93141

92 (93141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Franklin Sq. Hos. ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Seifert

(Residence in Baltimore: No. 1115 Wood St. St.; 57 yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 4, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), Car Works

9-BIRTHPLACE, (State or Country), Letty Balto

PARENTS.

10-NAME OF FATHER, Adam Seifert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bue

(Address) 1117 Wood St

15. Filed MAR 14 1916, 191.....

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1916, to Mar. 13 1916, that I saw him alive on Mar 13 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Fred. H. Smarz M. D.

3/13, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1115 Wood St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Mar 15, 191 6.

20-UNDERTAKER H. Schluraff Sons ADDRESS Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93142

CERTIFICATE OF DEATH.

151 C93142

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Appleton ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenora Dunnock

(Residence in Baltimore: No. 1032 Appleton St ✓ yrs., ✓ mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Mch (Month) 3 (Day), 1916 (Year)

7-AGE, ✓ yrs. ✓ mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Dunnock

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Nora Geissinger

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave

15- MAR 14 1916 Filed....., 191... ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 3 1916, to Mch 12 1916, that I saw her alive on Mch 11 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ✓ yrs. ✓ mos. 9 ds.

CONTRIBUTORY (Secondary) Insufficient Umination

(Duration) ✓ yrs. ✓ mon. 9 ds.

(Signed) Geo E Shannon M. D.

3/17, 191.6 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 15, 1916

20-UNDERTAKER H. J. Tuckers Sons — ADDRESS North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93143

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93143

CERTIFICATE OF DEATH.

169

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Provident ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, Estimated 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR 14 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

Probably accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. W. Jones (Coroner.) M. D.

Feb'y 19th, 1916 (Address) 3116 Edmund St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, MAR 14 1916, 19....

20-UNDERTAKER Commissioner Health.

ADDRESS

Per Wm. E. WOODALL

C93144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C93144

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 410 Orange Ct St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Stewart

(Residence in Baltimore: No. ..... St.; yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	M

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 75 about yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 463

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAR 14 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Stiles (Coroner) M. D.

March 2, 191.. (Address) 242 W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	MAR 14 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93145

CERTIFICATE OF DEATH.

91 C93145

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N. Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur E. Caldwell

(Residence in Baltimore: No. 1804 N. Durham St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	

6-DATE OF BIRTH, January 5, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo F. Caldwell.

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary E Kenj

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Caldwell

(Address) 1804 N. Durham St

15- Filed MAR 14 1916, 191. ROBERT . KRAUTER, Registrar.

BURIAL Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916 to March 13 1916, that I saw h[illegible] alive on March 12 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchio

(Duration) 1 yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ....yrs. ....mos. 2 ds.

(Signed) William Freund M. D.

March 13 1916 (Address) 1417 N. Mary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL MAR 13 1916, 191.

20-UNDERTAKER ADDRESS

Per Wm. E. WOODALL

UNIVERSITY OF MARYLAND
Commissioner of Health.
FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93146 C93146

CERTIFICATE OF DEATH.

REGISTERED No. C 93146

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1806 St Lorman St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Evans

(Residence in Baltimore: No. 1806 St. Lorman St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	blacks	

6-DATE OF BIRTH, Mar 5, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Evans

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Jackson
(Address) 1806 Lorman

15-
Filed MAR 14 1916, 191.... ROBERT ... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1916, to Mar 10 1916, that I saw h[illegible] alive on Mar 9 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

1. Malnutrition
2.
3.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis
(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.
Mar 11 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	MAR 13 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72

C93147

CERTIFICATE OF DEATH.

C93147

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 565 Baker street, St.: 14 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bolyier, (William Boyer) Ice remarks

Residence in Baltimore: No. 565 Baker street, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ... Unknown, (Month) ..... (Day) , 1 ..... (Year)

7-AGE,	If LESS than 1 day,
38 ? yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... No informant,

(Address).....

15 MAR 14 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... February (Month) ....12th (Day)., 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..inquiry..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) inquiry ....find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
.....Probably.....
.....Organic heart disease,.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed)..... Frederick Kempel M. D.
(Coroner.)

Feb. 14th 1916 (Address)..3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	MAR 14 1916
20-UNDERTAKER	ADDRESS
R. A. Elliott	506 East 11.

morgue

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C93148

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 S. Monroe ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Fletcher

(Residence in Baltimore: No. 117 S. Monroe St. 13 yrs. 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH June 20, 1842 (Month) (Day) (Year)

7-AGE 73 yrs. 8 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Dressmaker 22
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Flood

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Brady

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed A. Baushardt

(Address) 117 S. Monroe St

15. Filed MAR 14 1916, 191 ..... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1916, to, Mar 12 1916, that I saw her alive on Mar 12, 1916, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia,
Chronic Valvular Heart disease,
(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Heart Failure
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) S. Hollis Fleming M. D.

Mar 13, 1916 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dulaski Cathedral Cemty

DATE OF BURIAL: Mar 15th, 1916

20-UNDERTAKER: F B Kappert

ADDRESS: 2238 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 C93149

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Korzeniowski

(Residence in Baltimore: No. 424 S. Dallas St.; 22 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec (Month) 26 (Day) 1864 (Year)

7-AGE, 51 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE, (State or Country): Austria Galicia

PARENTS.

10-NAME OF FATHER: Michael Korzeniowski

11-BIRTHPLACE OF FATHER (State or Country): Austria Galicia

12-MAIDEN NAME OF MOTHER: Mary Kubalow

13-BIRTHPLACE OF MOTHER (State or Country): Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Korzeniowski

(Address) 424 S. Dallas

15- Filed MAR 14 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 12 1916, to 3-13 1916, that I saw him alive on - - 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

.....Dysfunction.....

.....

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Hand infected by scratch from oyster (Duration) .....yrs. .....mos. 4 ds.

(Signed) C. L. Winner M. D.

3-13-1916 (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Mar 16 1916

20-UNDERTAKER William Fraczkowski — ADDRESS 168 E. Eastern Ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93150 — 151 — C93150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1313 N. Monroe ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gertrude Johnson

(Residence in Baltimore: No. 1313 N. Monroe St.; yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar 11, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Benjamin Dixon

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Gertrude Johnson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gertrud Johnson

(Address) 1313 N Monroe St

15. Filed MAR 14 1916 19.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1916, to Mar 13 1916, that I saw her alive on Mar 12, 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Premature baby. Died from Cardiac Weakness

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C K Smith M. D.

Mar 13, 1916 (Address) 844 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Old Zion	Mar 15, 1916
20-UNDERTAKER	ADDRESS
Ernest E Sams	1308 Eutaw

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93151 — 79 — C93151

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2010 Druid Hill Ave St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Matilda Jones.

(Residence in Baltimore: No. 2010 Druid Hill Ave St.; — yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Colored

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (*Write* the word): Widow

6-DATE OF BIRTH: Jan —, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 2 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Laurel Maryland.

PARENTS

10-NAME OF FATHER: John Snowden

11-BIRTHPLACE OF FATHER (State or country): Laurel Maryland

12-MAIDEN NAME OF MOTHER: ? unknown.

13-BIRTHPLACE OF MOTHER (State or country): Laurel Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Jones.

(Address) 1469 Parish st

Filed MAR 14 1916 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1916, to March 11 1916, that I saw h[er] alive on March 11, 1916, and that death occurred, on the date stated above, at 1230 p m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart dis. Mitral Insufficiency Cardiac Dilatation ?

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) John R. Abercrombie M. D.

(Address) 1316 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Mar 15, 1916

20-UNDERTAKER: James H. Dunn | ADDRESS: 1303 Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93152

CERTIFICATE OF DEATH.

120

C93152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 N. Stricker ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Thomas

(Residence in Baltimore: No. 1348 N Stricker St.: 15 yrs., — mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 27 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Dunn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Thomas

(Address) 1348 N. Stricker

15- Filed MAR 14 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 3. 1916, to Mar 13 1916, that I saw her alive on Mar 13 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Kidney & heart insufficiency. Brights Disease. (Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. da.

(Signed) Edward Thorn M. D.

Mar. 14., 1916. (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 15., 1916.
20-UNDERTAKER James H. Dunn	ADDRESS 803 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C93153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93153

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Carrollton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ulysses Grant Young.

(Residence in Baltimore: No. 1003 Carrollton Ave St.; ....yrs. ....mos. ....ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Sept. (Month) 22 (Day), 1915 (Year)

7-AGE. ....yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Ulysis Young

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Sadie Jacobs

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ulysis Young

(Address) 1003 Carrollton Ave.

15-MAR 14 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Mar 13 1916, that I saw h[illegible] alive on Mar 13 1916, and that death occurred, on the date stated above, at 1145 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ....yrs. ....mos. 1 ds.

(Signed) I. E. Daughtery M. D.

Mar 13, 1916. (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Int Auburn	Mar 15, 191...
20-UNDERTAKER James H Dunn	ADDRESS 503 Dustan

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93154

C93154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 W. Lee ST. 27 WARD)

REGISTERED NO. C 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Rice

(Residence in Baltimore: No. 570 W. Lee St. St.; 4 yrs. — mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 13 (Day), 1892 (Year)

7-AGE, 23 yrs. 8 mos. 1 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): ?

9-BIRTHPLACE, (State or Country), Annapolis, Md.

PARENTS.

10-NAME OF FATHER, Dennis Young,

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co, Md.

12-MAIDEN NAME OF MOTHER Annie ——

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis.

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) David Rice

(Address) 570 W. Lee St

15-MAR 14 1916 Board of Health,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/23/ 1916, to March 14/ 1916, that I saw her alive on March 13/ 1916, and that death occurred, on the date stated above, at 2.55 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (Tuberculor)

(Duration) ... yrs. ... mos. 20 ds.

CONTRIBUTORY (Secondary) Suppurative Otitis media Catarrhalis

(Duration) ... yrs. ... mos. 20 ds.

(Signed) Dr. Guy Bowley M. D.

3/14/, 1916 (Address) 136 W. 18th & St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery

DATE OF BURIAL, March 16, 1916

20-UNDERTAKER Geo H Hooper

ADDRESS 609 Little Pacas

Spec.—8-28-14—M. & T.—2000 Blks.

93155

HEALTH DEPARTMENT—CITY OF BALTIMORE

93155

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 613 N. Luzerne ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lila Sick

(Residence in Baltimore: No. 613 N. Luzerne St.; ..... yrs., 1 mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, ... Feb. (Month) 10 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 1 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind City

PARENTS.

10-NAME OF FATHER, Jos. Sick

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Anna Marley

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. Sick

(Address) 613 N. Luzerne

15- MAR 14 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6 191..., to March 14 191...,

that I saw h... alive on March 7 191...,

and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

..... Cause Gastro-enteritis

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Emma Strauss M. D.

March 14, 191... (Address) 2400 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 15, 1916.
20-UNDERTAKER	ADDRESS
Jos. J. Herr 1914	E. Fayette

C93156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93156

Registered No. C 91

1-PLACE OF DEATH

City of Baltimore (No. 1707 Harlem Ave St. 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Gerber

(Residence in Baltimore: No. 1707 Harlem Ave. St.; 54 yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Oct. (Month) 10 (Day), 1861 (Year)

7-AGE: 54 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): (House) 328

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Christian P. Gerber

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Louise D. Waidner

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie E. Gerber

(Address) 1707 Harlem Ave

15- Filed MAR 14 1916, 191.... [illegible] Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 6th, 1916, to Mar 14th 1916, that I saw him alive on Mar 13th, 1916, and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows:

E Broncho-Pneumonia

(Duration) — yrs. — mos. 8 ds

Contributory (SECONDARY) Heart Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Plummer M. D.

Mar 14, 1916. (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 16, 1916

20-UNDERTAKER: George J. Smith — ADDRESS: 1000 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C93157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C93157

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Collington Ave. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Wallach,

(Residence in Baltimore: No. 519 N. Collington Ave. St.; 14 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 3rd. (Month) (Day), 1833. (Year)

7-AGE, 83 yrs. 1 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... ~~at home~~ 655

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rosie Wallach

(Address)... 519 N. Collington Ave.

15- MAR 14 1916 HARRY O ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th. 1916. (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I attended deceased from Jan 11" 191 7, to Mch 13" 1916, that I saw h-- alive on Mch 12" 1916, and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH* was as follows:

.....Myocarditis.....

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) Theodore Roberton M. D.

Mch 14th 1916. (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew Cem	Mch 16, 191 6
20-UNDERTAKER	ADDRESS
David Londheim	Mount Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93158

CERTIFICATE OF DEATH.

79 C93158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Aprts. ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Cohen,

(Residence in Baltimore: No. N.E.Cor. Eutaw Place & Wilson St. St.; Lifetime yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow,

6-DATE OF BIRTH, Oct. (Month) 6th. (Day) 1854. (Year)

7-AGE, 61 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) none,

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER, Samuel Grinsfelder,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Bertha Rosenfeld,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.S.Cohen

(Address) Walbrook,

15- MAR 14 1916 HARRY O. ABLAMS, Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 13th, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1915, to March 12 1916, that I saw h[illegible] alive on March 12 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Emphysema, myocardial degeneration

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Adler M. D.

March 14 1916. (Address) 718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oheb Shalom,	Mch. 15 1916.
20-UNDERTAKER	ADDRESS
David Sondheim	118 N. Howard St.

Spec.—5-19-13—M. & T.—500 Bks.

C93159

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93159

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST. OR AV. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Holzman

(Residence in Baltimore: No. The Marlborough St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Wh	Married

6-DATE OF BIRTH, Aug 18, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Lady Blouses

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Abraham Holzman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sarah

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Lauchheimer

(Address) 1931 Madison

15- Filed MAR 14 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 13 1916, that I saw h m alive on March 13 1916, and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Anyma Pectoris

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 15 yrs. — mos. — ds.

(Signed) Louis P. Hamburger M. D.

March 13, 1916 (Address) 120 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State 50 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? The Marlborough

Former or usual residence The Marlborough

19-PLACE OF BURIAL OR REMOVAL, Har Sinai

DATE OF BURIAL, March 15, 1916

20-UNDERTAKER Harris Sondheim

ADDRESS 118 N. Eutaw St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93160 C93160

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 Buckhead ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie G Shipp

(Residence in Baltimore: No. 137 Buckhead St.; 3 yrs., 5 mos. 4 ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. (Month) 10 (Day), 1912 (Year)

7-AGE, 3 yrs. 5 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Louis Shipp

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Addie Hounsh

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Whitt

(Address) 137 Birchhead St.

15- MAR 14 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1916, to March 14, 1916, that I saw h_ alive on March 14, 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M L Furstenberg M. D.

3-14-, 1916. (Address) 163 E 71 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 137 Buckhead St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, March 16, 1916

20-UNDERTAKER H M & Flynn ADDRESS 1423 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93161

91 C93161

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 930 Little Pine St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Jones

(Residence in Baltimore: No. 930 Little Pine St St.: 45 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: (Month) ..... (Day) ..... 1871 (Year)

7-AGE: 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Joseph Smith

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eliza Foote

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Smith

(Address) 930 Little Pine St

15 MAR 15 1916 Filed ..... 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1916, to March 13 1916, that I saw her alive on March 13, 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J C Stewart M. D.

March 19, 1916. (Address) 1083 Ivy Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. 2 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/15/1916

20-UNDERTAKER: Samuel T Stanley — ADDRESS: 578 W Pratt

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93162 154 C93162

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Druid Hill Av ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Edmund Pennington

(Residence in Baltimore: No. 1127 Druid Hill av St.; 56 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, September 3, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter 866
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Pennington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mckendree

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R.H. Pennington

(Address) 1127 Druid Hill Av.

15- Filed MAR 15 1916 ROBERT KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Mch 12 1916, that I saw h[illegible] alive on Mch 12 1916, and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Senility

Ed Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. 30 ds.

(Signed) W.H. Hughes M. D.

Mch 13, 1916 (Address) 1413 Druid Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, 3/15, 1916

20-UNDERTAKER Samuel F Kennedy | ADDRESS 578 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93163

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93163

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. North

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs., ... mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1861 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. from hospital record.

(Informant) .....

(Address) .....

15- MAR 15 1916 ROBERT . KRAUT[illegible], Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to March 13 1916, that I saw him alive on March 13 1916, and that death occurred, on the date stated above, at 6:15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis, Fatty infiltration of heart & Muscle

(Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) ..... yrs. ..... mos. 22 ds.

(Signed) Chas Wood M. D.

March 13, 1916. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Cedarhill. DATE OF BURIAL, Mar. 16, 191[illegible].

20-UNDERTAKER Wm Cook ADDRESS, 1502 E Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93164

CERTIFICATE OF DEATH.

120 C93164

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 Franklin Road ST.; 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie E. Bush

(Residence in Baltimore: No. 849 Franklin Road St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 25, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 3 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Richard L. Worthington

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Sallie Lynch

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. R. Jenkins

(Address) Owens Mills Balto Co

15- Filed MAR 15 1916, 191.....

ROBERT . KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1916, to Mar 14 1916, that I saw h-r alive on Mar 13 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) X yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) X yrs. X mos. X ds.

(Signed) John A. Prather M. D.

Mar 14, 1916. (Address) 1003 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, 3/16, 191.6

20-UNDERTAKER William Cook

ADDRESS 502 E North

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93165 — 40 — C93165

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 612 Gutman Ave. ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew H. Krumholtz

(Residence in Baltimore: No. 612 Gutman Ave Se: 55 yrs. 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6-DATE OF BIRTH April (Month) 3 (Day), 1860 (Year)

7-AGE 55 yrs. 11 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Produce dealer 699
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Flemming Krumholtz

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Rottenberg

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elizabeth Holle

(Address) 208 Cedar Ave Roland Pk.

15- MAR 15 1916 Filed ..... 191.. ROBERT F. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 8, 1916, to March 12 1916, that I saw him alive on March 12, 1916, and that death occurred, on the date stated above, at 3 1. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation 1 yr ago

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos A Millinan M. D.

March 13, 1916 (Address) 2449 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL 3/15 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93166 152 C93166

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 McCulloh ST.; 14 WARD)

FULL NAME Mary L. Richardson

(Residence in Baltimore: No. 1810 McCulloh St.: ...yrs., ...mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 5th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 9 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles H. Richardson

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md

12-MAIDEN NAME OF MOTHER Mollie Goldring

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J. Keller

(Address) 222 W. Monument St.

15- MAR 15 1916 Filed..... 191... ROBERT J. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th 1916, to March 14th 1916, that I saw h er alive on March 13th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis
ending in Convultions

..... (Duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho Pneu

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Chas J. Keller M. D.

Mar. 14, 1916 (Address) 222 W. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 15, 1916

20-UNDERTAKER Felix B. Pyle

ADDRESS 07 E Madison St

ec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93167

CERTIFICATE OF DEATH.

92 C93167

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 52 W. West. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthea Cornish

(Residence in Baltimore: No. 52 W. West St. St.; ..... yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Baby

6-DATE OF BIRTH, June (Month) 22 (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Maryland

PARENTS.

10-NAME OF FATHER, Wm. H. Cornish

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Martina Morlock

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Cornish.

(Address) 52 W. West St.

15- MAR 15 1916 Filed ....., 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12, 1916, to March 13, 1916; that I saw her alive on March 13, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia—Lobar Pneumonia

Immediate—Exhaustion

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. P. Strang M. D.

3/15, 191.. (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct — DATE OF BURIAL, March 15, 1916.

20-UNDERTAKER J. L. Brown & Son — ADDRESS 108 W. Monty St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93168 64 C93168

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1022 W. Lexington ST.: 4 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Baptist

(Residence in Baltimore: No. 221 Jasper St. St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... Unknown ....., 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... 72 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Nicholson

(Address) 1022 W. Lexington St

15- Filed MAR 15 1916, ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 13th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Jas. S. Hamby ..... M. D.
(Coroner.)

March 15th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cem.	3/15, 1916.
20-UNDERTAKER	ADDRESS
Samuel T. Hensley	2786 E. Eddle St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93169) (93169)

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 Dolphin ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Foster

(Residence in Baltimore: No. 158 Dolphin St.; yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 29, 1915
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, ~~unknown~~ Chesley Herd

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bettie Foster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bettie Foster

(Address) 752 Orchard St.

15- Filed MAR 15 1916, 191... ROBERT . KRAJEWSKI, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 14 1916, that I saw her alive on March 14 1916, and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Broncho- pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bertha E. Lipman M. D.

March 14 1916 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 3/15, 1916

20-UNDERTAKER Samuel T Hemsley ADDRESS 5780 Belair Rd

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93170 C93170

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1002 N. Durham St.; WARD) 7

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evan. E. Blair

(Residence in Baltimore: No. 1002. N. Durham St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 27 (Month) (Day), 1869 (Year)

7-AGE, 46 years 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Actor 740
(b) General nature of industry, business, or establishment in which employed (or employer): Theatrical

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Blair

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ruby Blair

(Address) 1002 N. Durham st

15-

Filed MAR 15 1916, 191

ROBERT . KRAUTER,
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to March 11th 1916, that I saw him alive on March 10th 1916, and that death occurred, on the date stated above, at 6, A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. D. Schwatka M. D.

March 11 1916. (Address) [redacted] 822. W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery — DATE OF BURIAL, March 15th 16

20-UNDERTAKER George f. Ruth — ADDRESS 1735 Hanf

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93171

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93171

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Paterson Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie a Frisby

(Residence in Baltimore: No. 1908 Paterson Place St.; 40 yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... December ....., 1 ..... (Month) (Day) (Year)

7-AGE, 56 year ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), East Berlin. Penn.

PARENTS.

10-NAME OF FATHER, Robert. C. Frisby.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie a Baker

13-BIRTHPLACE OF MOTHER (State or Country), East Berlin. Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Frisby.

(Address) 1908 Patterson Place

15- Filed MAR 15 1916, 191.....

ROBERT J. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 13 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 13 1916, to Mar 13 1916, that I saw h.. alive on Mar 13 1916, and that death occurred, on the date stated above, at 7.50 p.m.

The CAUSE OF DEATH* was as follows:

.....
..... Apoplexy .....
..... 1 .....
..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... Frank Frasier ..... M. D.

Mar 14 1916. (Address) 1726 E. Lafayette.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	March 15, 1916.
20-UNDERTAKER	ADDRESS
George J. Ruth.	1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Isadore Millman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93172

CERTIFICATE OF DEATH.

92 C93172

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Millman

(Residence in Baltimore: No. 723 Ensor St St.; 2 yrs., 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, September —, 1913
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 6 mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. City Maryland

PARENTS.

10-NAME OF FATHER, Daniel Millman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER —— Leohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- MAR 15 1916 Filed....., 191.....

ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 15 1916, that I saw h alive on March 15 1916, and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Empyema (Left Chest)

(Duration) yrs. mos. ? ds.

(Signed) Gilbert W. Rosenthal M. D.

March 15, 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 723 Ensor St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 3/15, 191.6

20-UNDERTAKER Jack Levin — ADDRESS Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93173

CERTIFICATE OF DEATH.

79 C93173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Clause Felix Clause

(Residence in Baltimore: No. 1902 S. Church St. St.; 60 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ..., 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. Not Known mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer) Not

9-BIRTHPLACE, (State or Country), Not Known.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-Filed MAR 15 1916, 191.. ROBERT KRAUTER, Registrar Public Health & Charities

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 23, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 11 1916, to Feb. 23 1916, that I saw h him alive on Feb 23 1916, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Myocarditis

Hemiplegia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Owen V. Pritchard M. D.

Feb 24, 191.6 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known +

Former or usual residence 1902 S. Church St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAR 17 1916, 191..
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

morgue

Spec.—5-19-13—M. & T.—500 Bks.

93174

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 93174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Park Ave ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Fountain Wilson

(Residence in Baltimore: No. 1743 Park Ave St.; 66 yrs., 2 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December (Month) 17 (Day), 1849 (Year)

7-AGE, 66 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Caroline County Maryland

PARENTS.

10-NAME OF FATHER, John Robert Fountain

11-BIRTHPLACE OF FATHER (State or Country) Caroline County Maryland

12-MAIDEN NAME OF MOTHER Francina Rich

13-BIRTHPLACE OF MOTHER (State or Country) Caroline County Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H Whitby Jr.

(Address) 1743 Park Avenue

15 MAR 15 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1916, to Mch 15th 1916, that I saw h[er] alive on Mch 14th 1916, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy, with Paralysis of Deglutation Nervous

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 7 yrs. — mos. — ds.

(Signed) Eugene Douglas M. D.

Mch 15th, 1916. (Address) 8204 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dover Del

DATE OF BURIAL, March 18, 1916

20-UNDERTAKER H. M. Caulk

ADDRESS 624 Mt Royal Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93175 C93175

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2221 Bank ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Egersdorfer

(Residence in Baltimore: No. 2221 Bank St.; yrs., 55 mos. 9 ds. 14)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 29th (Day) 1860 (Year)

7-AGE, 55 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christopher Egersdorfer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta Pahley

(Address) 2221 Bank St.

15- MAR 15 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) D. W. Jones (Coroner.) M. D.

March 14; 1916 (Address) 2116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
1st Evangelical Cem.	March 16, 1916
20-UNDERTAKER	**ADDRESS**
H. Sander Sons	211 West St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93176 — 154 — C93176

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1604 Millman ST.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Martha Joseph

(Residence in Baltimore: No. 1604 Millman ave St.: 75 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May (Month) 14 (Day) 1816 (Year)

7. AGE: 99 yrs. 10 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Ireland

PARENTS

10. NAME OF FATHER: Thomas Joseph

11. BIRTHPLACE OF FATHER (State or country): Ireland

12. MAIDEN NAME OF MOTHER: Margaret Crawford

13. BIRTHPLACE OF MOTHER (State or country): Ireland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Haddaway

(Address) 1604 Millman St

15. MAR 15 1916 191

ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March (Month) 14th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb'y 15th 191 6 to March 14th 191 6

that I saw h[illegible] alive on Mch 14th 1916

and that death occurred, on the date stated above, at 3.01 m.

The CAUSE OF DEATH* was as follows:

Scarlatina

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Stoner M. D.

March 16th 1916 (Address) 701, E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Glendy Cemetery — DATE OF BURIAL: March 17 191 6

20. UNDERTAKER: M'Lean-Jones — ADDRESS: 833 Linden ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93177 × 28 C93177

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldsborough Meekins

(Residence in Baltimore: No..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6-DATE OF BIRTH March (Month) 8 (Day), 1896 (Year)

7-AGE 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 23

9-BIRTHPLACE (State or country) Dorchester Co. Md.

PARENTS

10-NAME OF FATHER William P. Meekins

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) [redacted]

(Address) Md Penitentiary

15- MAR 15 1916 Filed ..... 191.

ROBERT . KRAUTHS, Registrar Burial Permit Clerk

Morgue

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18, 1916, to, March 8 1916, that I saw him alive on March 7 1916, and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows:

Toxemia & Exhaustion

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs 3 mos. ..... ds.

(Signed), William F. Schwartz M. D.

March 8, 1916 [Address] Md Penitentiary.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs 3 mos 20 ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Ayres, Md.

19-PLACE OF BURIAL OR REMOVAL UNIVERSITY OF MARYLAND. | DATE OF BURIAL MAR 17 1916 191

20-UNDERTAKER Commissioner Health. | ADDRESS

FOR ANATOMICAL PURPOSES

C93178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93178

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7 N Stirling ST.: 6 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME John A Duncan

(Residence in Baltimore: No. 7 N Stirling St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Jamaica W I

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- MAR 15 1916 ROBERT KRAUTER, Burial Permit Clerk. 191..

Registrar.

CORONER'S CERTIFICATE OF HEATH.

16-DATE OF DEATH, ... Mar 29th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank T Howard M. D.
(Coroner.)

Mch 1, 1916. (Address) 11 E Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAR 14 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5, WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93179

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Ground off Pier #6 East St. 4 WARD)

REGISTERED No. C 169

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	?

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, about 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Vulcanizer
(b) General nature of industry, business, or establishment in which employed (or employer): 463

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Records

(Address)

15- Filed MAR 15 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found February 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned. How caused unknown.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hy. Lb. Lauchheimer M. D.
(Coroner.)

March 2 191 4 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, MAR 14 1916, 19...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES

C93180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

C93180

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Byron Aleck

(Residence in Baltimore: No. U.S. S.S. Mayflower (Mercy Hosp.) St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, August (Month) 31 (Day) 1896 (Year)

7-AGE 19 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor. 777
(b) General nature of industry, business, or establishment in which employed (or employer)..... U.S.N.

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Jesse D. Aleck

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Ida Belle Griffith

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Apl. Aleck

(Address) 753 W. 42d St Indianapolis

15- MAR 15 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Bichloride of Mercury by mouth

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Hy. H. Saunders M. D. (Coroner.)

March 14 1916 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....6 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Indianapolis Ind. DATE OF BURIAL, March 17 1916

20-UNDERTAKER Henry W. Meanson ADDRESS 805 N. Calvert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93181

CERTIFICATE OF DEATH.

151 C93181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 W. Lexington ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giachino Serio

(Residence in Baltimore: No. 527 W. Lexington St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Single

6-DATE OF BIRTH, March 14, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, John Serio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Orsolina Nazzario

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Orsolina Serio

(Address) 527 W. Lexington

15- Filed MAR 15 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March-14 1916, to March-15 1916, that I saw him alive on Mar-14 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs....mos....ds.

(Signed) D. V. [illegible] M. D.

3/15, 191.6 (Address) 1xx W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL MAR 15 1916, 191...

20-UNDERTAKER Max A Rohde & Son ADDRESS 730 Lemmon Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93182

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93182

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hos. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Mary Virginia Cook

(Residence in Baltimore: No. 2116 E Fayette St 50 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Oct (Month) 17th (Day), 1853 (Year)

7-AGE, 62 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Joshua Barlow

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Howard

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. De Been

(Address) 2116 E. Fayette St

15- FILED MAR 15 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull due to accidentally falling from a Car of the United Railways & Electric Co. in front of 2211 E. Fayette St (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elijah L. Powell M. D. (Coroner.)

March 15, 1916 (Address) 15 W. Melton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? On front 2211 E. Fayette

Former or usual residence 2116 E. Fayette

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 17, 1916

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 93183 — 104 C 93183

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2310 Boston ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia M. Hayden

(Residence in Baltimore: No. 2310 Boston St.; ~~yrs.~~, 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. ..... Dec. (Month) 27th (Day), 1915 (Year)

7-AGE. ..... yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Walter J. Hayden

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Catherine Merbach

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter J. Hayden

(Address) 2310 Boston St

15- Filed MAR 15 1916, 191... ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. W. Jones M. D. (Coroner)

Mch. 14, 1916 (Address) 3416 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	Mar 15th, 1916.
20-UNDERTAKER	**ADDRESS**
M. F. Wadowski.	705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93184

CERTIFICATE OF DEATH.

92 C93184

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Mt Royal Apartment St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Rebecca James

(Residence in Baltimore: No. Mt Royal ave & Eastwood St.; 18 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH. Nov. 17, 1834 (Month) (Day) (Year)

7-AGE. 81 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas L Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Fotton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Walter Hollingshead

(Address) 9 Overhill Road

15- MAR 15 1916 ROBERT . KRAUTER, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1916, to Mar. 14, 1916, that I saw her alive on March 14, 1916, and that death occurred, on the date stated above, at 1 37 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ~~yrs.~~ ~~mos.~~ 5 ½ ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby, M. D.

Mar. 14, 1916. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	March 16, 1916.
20-UNDERTAKER Stewart Mowen Co	ADDRESS 1017 W North Ave

Dr Fenby 1223 N. Caroline St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 C93185

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Archer ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brown

(Residence in Baltimore: No. 506 Archer St

St.; 20 rs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED,~~ Married OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Unknown (Month) (Day), 1886 (Year)

7-AGE, 29 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Essex co Va

PARENTS.

10-NAME OF FATHER, Thomas May

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Brown

(Address) 506 Archer St

15- Filed MAR 15 1916, 191.....

ROBERT . KRAUPER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 191 6, to Mar 12 191 6, that I saw h[illegible] alive on Mar 12 191 6, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Inertia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Did Was Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Howard Schumacher M. D.

Mar 13 191 (Address) 1120 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery — DATE OF BURIAL, Mar 15, 1916

20-UNDERTAKER John J. Howard & Son — ADDRESS 901 Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93186 C93186

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Anderson

(Residence in Baltimore: No. 1001 N. Durham St St.; ..... yrs., 7 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 7 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Leonard Anderson

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Emma Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Anderson

(Address) 1063 N. Durham St

15- MAR 15 1916 Filed ....., 191.....

ROBERT . KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 11 1916, to Mar. 13 1916, that I saw h in alive on Mar. 13 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Colitis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Chas. G. Bailey M. D.

1503 W. Baltimore St

Mar. 15, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Mar. 15., 1916.

20-UNDERTAKER Chas G Bailey

ADDRESS [redacted]

C93187

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93187

CERTIFICATE OF DEATH

91

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 Birchhead ST. 27 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Lauterbach

(Residence in Baltimore: No. 108 Birchhead St.; 2 yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	single

6-DATE OF BIRTH August 31, 1913 (Month) (Day) (Year)

7-AGE 2 yrs. 6 mos. 13 ds. If LESS than 1 day, ---hrs. or ---min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Balto Maryland

PARENTS

10-NAME OF FATHER Conrad Lauterbach

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Anna Eagan

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Anna Lauterbach

(Address) 108 Birchhead St

15. Filed MAR 15 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1916, to March 14 1916, that I saw h[illegible] alive on March 14, 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

P

Toxemia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Broncho Pneumonia

(Duration) — yrs. — mos. 3 ds.

(Signed) G H Burton M. D.

3/15 —, 1916 (Address) 301 East Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ---yrs. ---mos. ---ds. In the State ---yrs. ---mos. ---ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	March 17, 1916
20-UNDERTAKER H. J. M. F. Flynn	ADDRESS 1452 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93188

CERTIFICATE OF DEATH

92 C93188 REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 E Chase St.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry E Wilbur

(Residence in Baltimore: No. 1617 E Chase St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: Nov (Month) 12 (Day), 1866 (Year)

7 AGE: 49 yrs. 4 mos. 1 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bricklayer 24
(b) General nature of industry, business, or establishment in which employed (or employer): Stephens Hospital for Mr Alvarator

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Geo W. Wilbur

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary J. Appold

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary F. Wilbur

(Address) 1617 E. Chase St

15 Filed MAR 15 1916 ROBERT , KRAUTHER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 13th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 7th, 1916, to March 13th, 1916
that I saw h[illegible] alive on March 13th, 1916,
and that death occurred, on the date stated above, at 1 A.M.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY) Asthenia

(Duration) yrs. mos. 3 ds.

(Signed) Jas Stoner M. D.

March 14th, 1916 (Address) 801 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	March 16, 1916

20 UNDERTAKER	ADDRESS
H Henry Lutz	1007 N. Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93189

CERTIFICATE OF DEATH.

28 C93189

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 5 WARD)

2-FULL NAME Charles Galloway

(Residence in Baltimore: No. 1235 Mulberry St. St.; 39 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ...January...., 1877
(Month) (Day) (Year)

7-AGE, ...39....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Laborer....
(b) General nature of industry, business, or establishment in which employed (or employer) ....General....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Galloway

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Nancy Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nancy Galloway

(Address) 111 S. Thomas Ave

15- MAR 15 1916, 191.... ROBERT KRAUTHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 12 1916, that I saw h[im] alive on March 12 1916, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) Chas. L. Leonhardt M. D.

March 1, 191.6 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1235 Mulberry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cemetery	Mar. 14, 1916
20-UNDERTAKER	ADDRESS
P. E. Groll	405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

C93190

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93190

CERTIFICATE OF DEATH.

80

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Scott ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Melvin

(Residence in Baltimore: No. 607 Scott St. St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Widow

6-DATE OF BIRTH, Dec 24, 1836 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
79 yrs. 2 mos. 17 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm H. Fields

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Maria Doctrey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Melvin

(Address) 602 Scott St.

15-

MAR 15 1916 ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to Mar 12 1916, that I saw her alive on Mar 11 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

angina pectoris

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) ~~Hemorrhoid~~ old age Arteriosclerosis

(Duration) about yrs. 6 mos. ds.

(Signed) H. E. Krauth M. D.

Mar 13, 1916 (Address) 602 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Leader Park	Mar 15, 1916.
20-UNDERTAKER	ADDRESS
W J Fitzpatrick	118 N Penn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.--8-24-14—M. & T.—2000 Bks.

C93191

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

C93191

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Frederick Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Casey

(Residence in Baltimore: No. 3504 Frederick ave St.; 50 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Sept 12", 1857
(Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Court Bailiff
(b) General nature of industry, business, or establishment in which employed (or employer)..... City

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Matthew Casey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Donahue

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary C. Casey

(Address) 3504 Frederick Ave

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed MAR 15 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13", 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1915, to March 13 1916, that I saw h[im] alive on March 12 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia
..... Acute Pulmonary
..... Phthisis
..... (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration) yrs. mos. ds.

(Signed) Walter M. D.

March 14, 1916. (Address) 4202 Reed St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, MAR 16 1916, 191.....

20-UNDERTAKER Geo. A. Gerbig

ADDRESS Balto Phy 80

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plein terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93192 C93192

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Jordan

(Residence in Baltimore: No. 505 E Fitting's St St.; yrs., 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, December 24, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 19 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Joseph Jordan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Grace Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 15 1916 191... ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 14 1916, that I saw him alive on March 14 1916, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Indigestion, Acute Intestinal

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

March 15 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 2 mos. 19 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 505 E. Fitting's St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cem.	March 17 1916
20-UNDERTAKER	ADDRESS.
Wm Cook	5026 North Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93193

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93193

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1015 S. Charles ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Frances X. Knackstedt

(Residence in Baltimore: No. 1015 S. Charles St.: 61 yrs. 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH April 5, 1854 (Month) (Day) (Year)

7 AGE 61 yrs. 11 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theodor Knackstedt

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Anna Gruber

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Blume (Cousin)

(Address) 1115 - 2nd St Canton

MAR 15 1916

Filed ....., 191.... MARY O. ARMSTRONG, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1916, to March 13 1916, that I saw her alive on March 13, 1916, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Anuria

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Otto M. Reinhardt, M. D.

March 14, 1916. (Address) 1073 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Mar 16 1916
20 UNDERTAKER	ADDRESS
F. A. Krauss	703 Hanover St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93194 C93194

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Caplan

(Residence in Baltimore: No. 1157 E. Lombard St St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 12 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Sam Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Sakunsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- MAR 15 1916 Filed....., 191... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 14 1916, that I saw h.. alive on March 14 1916, and that death occurred, on the date stated above, at 5.40 p m.

The CAUSE OF DEATH* was as follows:

..... Prematurity .....

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Gilbert W. Rosenthal ..... M. D.

March 15 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1157 E. Lombard St

19-PLACE OF BURIAL OR REMOVAL, Baltimore MCamack Rd | DATE OF BURIAL, MAR 17 1916, 191...

20-UNDERTAKER Jack Lewis | ADDRESS 1419 E Balto St

C93195

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93195

CERTIFICATE OF DEATH

146

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 411 Cobris St. 5 WARD)

2-FULL NAME Sarah A. Mitchell

(Residence in Baltimore: No. 411 Cobris St.; yrs. 3 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct (Month) 14 (Day), 1846 (Year)

7-AGE: 69 yrs. 5 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Harford Co Md

PARENTS

10-NAME OF FATHER: Wm G. Ernig

11-BIRTHPLACE OF FATHER (State or country): Harford Co Md

12-MAIDEN NAME OF MOTHER: H. Ernig

13-BIRTHPLACE OF MOTHER (State or country): Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Kurtz

(Address) Rodgersville Md

15- MAR 15 1916 Filed ....., 191.....

REGIST O ANDRES
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916, to, March 14 1916, that I saw h.. alive on March 14 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) mos. ds.

(Signed) John F. Ward M. D.

March 14 1916 [Address] 936 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hartsock Co Western Chapel Md — DATE OF BURIAL: March 17, 191 6.

20-UNDERTAKER: E A Riedefeld — ADDRESS: Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

C93196 C93196

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.: 10 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johann Herrmannsdefer

(Residence in Baltimore: No. Little Sisters of the Poor St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: Nov 2, 1831 (Month) (Day) (Year)

7-AGE: 84 yrs. 4 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Christian Herrmannsdefer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAR 15 1916, 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible], 191..., to ....., 191..., that I saw h[illegible] alive on March 14, 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

5 Days (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P A O'Connor M. D.

March 15 1916 [Address] 1133 Valley St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 8 yrs. — mos. — ds. In the State 70 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence? Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Dallo Cemetery — DATE OF BURIAL: Mar 17, 1916

20-UNDERTAKER: Robt J Turner — ADDRESS: 1442 N Bway

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93197

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93197

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; ..... WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Arthur

(Residence in Baltimore: No. 2521 Fleet St St.; 24 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Mar 4th, ..., 1890
(Month) (Day) (Year)

7-AGE, 26 yrs. — mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): 510

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, John Arthur

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Annie Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Arthur.

(Address) 2521 Fleet St

15- MAR 15 1916 CLERK O[F] [H]EALTH,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Mar 14 1916, that I saw h[im] alive on Mar 14 1916, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

..... (Duration) ..... yrs. 1 mos. 22 ds.

(Signed) Ernest P. J. Riegn M. D.

Mar 14, 1916. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 22 ds. In the State 26 yrs. mos. 10 ds.

Where was disease contracted, if not at place of death? 2521 Fleet St

Former or usual residence 2521 Fleet St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 17, 191.6

20-UNDERTAKER John A Doran — ADDRESS Bank & Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93198

C93198

40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jerrentruth

(Residence in Baltimore: No. 37 E. Heath St. St.; 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, March 1, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 976

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Jerrentruth

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Jerrentruth

(Address) 37 E. Heath St

15- MAR 15 1916 HARRY O ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 31 1916, to March 15 1916, that I saw him alive on March 14 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Duncal Part

about 4

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nil

(Duration) yrs. mos. ds.

(Signed) J. H. Winslow M.D.

March 15 1916. (Address) St. Joseph's Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 16 ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 37 E. Heath St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, March 18, 191...

20-UNDERTAKER Wm. F. Gaver & Sons

ADDRESS 318 E. Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C93199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93199

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1611 W. Lanvale St.; 19 WARD)

2-FULL NAME Loretta Shipley

(Residence in Baltimore: No. 1611 W. Lanvale St.; Life yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 24, (Month) (Day) 1914 (Year)

7-AGE, 1 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), (City) Baltimore Md

PARENTS.

10-NAME OF FATHER, Carl Shipley.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna Lanning

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Shipley

(Address) 1611 W. Lanvale St.

15-
Filed MAR 15 1916, 191.... HARRY O ANDREWS Assistant Portland Oleo
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 14 1916, that I saw h[illegible] alive on March 13 1916, and that death occurred, on the date stated above, at 12 05 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

3 15 1916 (Address) 61 E Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State [illegible]yrs. [illegible]mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Feb. 16, 1916.

20-UNDERTAKER Harry A. Witzke ADDRESS 153 W Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93200 C93200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 634 Josephine ST.; 4 WARD)
2-FULL NAME George Rivers
(Residence in Baltimore: No. 634 Josephine St.; yrs. 12 ~~mos.~~ ~~dys.~~)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown, 18..8..
(Month) (Day) (Year)

7-AGE, 28 yrs. — mos. — ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): day

9-BIRTHPLACE, (State or Country), NC

PARENTS.

10-NAME OF FATHER, Geo Rivers
11-BIRTHPLACE OF FATHER (State or Country), alabama
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lisa Jones
(Address) 624 Josephine St

15- MAR 15 1916
Filed....., 191.. HARRY O ARLEDGE, Vital Statistics Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
(Duration)..... yrs..... mos..... ds.
CONTRIBUTORY (Secondary) Phthisis Pulmonalis
(Duration)..... yrs..... mos..... ds.
(Signed) J. P. Jeffers M. D.
(Coroner.)
March 14, 1916 (Address) 324 W. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Interment City	Mar 16, 1916
20-UNDERTAKER Alfred J Freeland	ADDRESS 1145 S Mich Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C93201 C93201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Clifton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Bertha Parker

(Residence in Baltimore: No. 1825 Clifton Ave St.; 16 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 20 (Day) 1884 1876 (Year)

7-AGE, 31 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathan T. Burns

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie L. Shiff

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Parker

(Address) 1825 Clifton Ave

15- MAR 15 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to March 14 1916, that I saw h[illegible] alive on March 14 1916, and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) [illegible] yrs. mos. 1 ds.

(Signed) J. W. Lehninger M. D.

March 14, 1916 (Address) 127 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, March 17, 1916

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1944 McMott

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93202 154 C93202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE, (No. 104 E Pleasant St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Garrity.

(Residence in Baltimore: No. 1042 E Pleasant St.; St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: March 16, 1846 (Month) (Day) (Year)

7-AGE: 69 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John Garrity

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie E Garrity

(Address) 104 E. Pleasant St.

15- Filed MAR 15 1916, 191.... Burial Permit Q.16 Registrar. HARRY O ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1916, to Mar 14 1916, that I saw h- alive on Mar 13 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Suicide

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

..... (Duration) yrs. mos. ds.

(Signed) Edward Wm. M. D.

3/14, 1916 (Address) 914 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cemetery — DATE OF BURIAL, Mar 16, 1916

20-UNDERTAKER, Edw A. Byrne — ADDRESS 302 N Gay St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93203

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93203

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 536 S. Addison Alley St.: 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burell

(Residence in Baltimore: No. 536 S. Addison Alley. St.; yrs., 2 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Jan (Month) 6th (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Edwin Burell

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Alice Hanks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Burell

(Address) 536 S. Addison Alley.

15- MAR 15 1916 HARRY O. ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 15th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) C. Lane Williams M. D. (Coroner.)

March 15th 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	March 16th 16
20-UNDERTAKER	ADDRESS
A. Jones	207 S. Sharp St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93204 — CERTIFICATE OF DEATH — 120 — C93204

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2207 Eldamont St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jos. E. Walker.

Residence in Baltimore: No. 2207 Eldamont St. (23 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	widower

6 DATE OF BIRTH: Jan (Month) 26 (Day), 1830 (Year)

7 AGE: 86 yrs. 1 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Army Officer
(b) General nature of industry, business, or establishment in which employed (or employer): 4th

9 BIRTHPLACE (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. T. Schmelz

(Address) 2207 Eldamont St.

15 MAR 15 1916 Filed ....., 191.... — Burial Permit Oler — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1916, to Mar 14 1916
that I saw him alive on Mar 14 1916
and that death occurred, on the date stated above, at 5.30 P.M.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. Baldwin Jacobs M. D.

Mar 14, 1916. (Address) 841 S. A. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loud Hill Park Cemetery — DATE OF BURIAL: March 16, 1916

20 UNDERTAKER: N. Montrose — ADDRESS: 230 Green

Spec.—8-24-14—M. & T.—2000 Bks.

C93205

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93205

CERTIFICATE OF DEATH.

× 60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Russell

Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 15 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. 6 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Frank J. Russell.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jessie Myers.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Russell.

(Address) Johns Hopkins Hospital

15- MAR 15 1916 HARRY O ANDERSON, Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1916, to Mar. 15, 1916, that I saw her alive on Mar. 15, 1916, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess —
Basilar Meningitis

(Duration) ....yrs. 1 mo. ....ds.

CONTRIBUTORY (Secondary) Probably Frontal sinus infection (Duration) ....yrs. 7 wks mos. ....ds.

(Signed) Geo. R. Lemmon M. D.

Mar 15, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 26 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence New London Md

19-PLACE OF BURIAL OR REMOVAL, New London Md — DATE OF BURIAL. March 16, 1916

20-UNDERTAKER W M Rountree — ADDRESS 230 E Eager

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 C93206

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1926 h. Fulton Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rosa Pollock.

(Residence in Baltimore: No. 1926 h. Fulton Ave St.: 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH: Aug. 8th (Month) (Day), 1847 (Year)

7 AGE: 68 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Joseph Cohn

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eukenden

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Wiel

(Address) 1926 h. Fulton Ave

15 Filed MAR 16 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar. (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1915, to Mar 15th 1916, that I saw her alive on Mar. 14th, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma (Scirrhus)
Left Breast. (Exhaustion)

(Duration) 1 yrs. 5 mos. 15 ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edw. Plummer M. D.

Mar 15, 1916 (Address) 539 h. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bello Helmen	March 17, 1916
20 UNDERTAKER	ADDRESS
J. Ahrens & Co	1611 Madison

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93207

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Howard ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. B. Miller

(Residence in Baltimore: No. 925 N. Howard St.; 1 yrs. 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January 1st, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 2 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Barney Miller

11-BIRTHPLACE OF FATHER (State or country): Norfolk Va

12-MAIDEN NAME OF MOTHER: Laura Ballard

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Barney Miller

(Address) 925 N. Howard

15- MAR 16 1916 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1916, to, March 14 1916, that I saw h.... alive on March 14 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) — yrs. — mos. 14 ds.

Contributory (SECONDARY) Influenza

..... (Duration) — yrs. — mos. — ds.

(Signed), Edward J. Rhodes M. D.

March 14, 1916. [Address] 1230 Druid Hill Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: MAR 16 1916

20-UNDERTAKER: Geo. L. T. Hemsley

ADDRESS: 578 N. Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

C93208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Lewis

(Residence in Baltimore: No. 592 W. Biddle St ST.; 1 yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, September (Month) 1 (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Carrie Gary

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 16 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 14 1916, that I saw her alive on March 14 1916, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Acute primary pneumonia
(Bronchial)

(Duration) ....yrs. ....mos. 3 ....ds.

CONTRIBUTORY (Secondary) Rickets (Duration) 3 yrs. mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

March 15, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 592 W Biddle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Mch 16 1916
20-UNDERTAKER John A Joadimus	ADDRESS 1442 Druid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93209

CERTIFICATE OF DEATH.

18 C93209

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Shinn

(Residence in Baltimore: No. 1206 Argyle Av St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word)~~ Married

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Dunk Wagoonney

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Minns

(Address) 1206 Argyle ave

15- MAR 16 1916 Filed....., 191.. ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF ~~DEATH~~ March 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 14 1916, that I saw her alive on March 14 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Sequel of Erysipelas
(Duration) probably yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. 4 ds.

(Signed) H. B. Hughes M. D.
March 15, 1916 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1206 argyle ave

19-PLACE OF BURIAL OR REMOVAL, Mt auburn — DATE OF BURIAL, March 17, 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 W Fayette St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93210

CERTIFICATE OF DEATH.

92 C93210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Harford ave. ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Plummer Randolph Ratcliffe

Residence in Baltimore: No. 814 Harford Ave.

St.; 2 yrs., 11 mos. 2 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February (Month) 3 (Day), 1879 (Year)

7-AGE, 37 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter 888
(b) General nature of industry, business, or establishment in which employed (or employer): Drinking resort

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Robert Ratcliffe

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Laura G. Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Ratcliffe

(Address) 814 Harford Ave

15-MAR 16 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 14 1916, that I saw h in alive on March 14 1916, and that death occurred, on the date stated above, at 10.12 p m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis.

(Duration) — yrs. — mos. 1 ds.

(Signed) John C. Stansbury M. D.

March 14 1916. (Address) 1037 E. Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 17 1916

20-UNDERTAKER Mrs Grimes and Clemmer

ADDRESS 608 N Potomac St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93211

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93211

CERTIFICATE OF DEATH.

189

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1830 E Fayette St ST. 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Hamel

(Residence in Baltimore: No. 1830 E Fayette St. 1 yr 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 19th (Day), 1870 (Year)

7-AGE, 45 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter (Sister)
(b) General nature of industry, business, or establishment in which employed (or employer): Factory Worker

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jerre Hamel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Herzmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Hamel

(Address) 228 N Caroline St

15- Filed MAR 16 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Edgar F Kurtz M. D. (Coroner.)

March 15th, 1916. (Address) 856 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	Mar 17 1916
20-UNDERTAKER	ADDRESS
Gilbert & Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93212

40 93212

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Eager St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Keagle.

(Residence in Baltimore: No. 1606 E Eager St.; 59 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 24th (Day), 1857 (Year)

7-AGE, 59 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Fr Insurance firm

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Keagle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schuil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary J. Keagle

(Address) 1606 E Eager St.

15- MAR 16 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March. (Month) 14. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1914, to March. 14. 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 3:25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

Chronic Nephritis 1½ to 2 yrs.

Confirmed by X Ray

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. A. Hartman M. D.

March 15, 1916 (Address) 1121 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, March 18, 1916

20-UNDERTAKER Henry Hoch & Son

ADDRESS 1301 E Eager St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93213

CERTIFICATE OF DEATH.

41 C93213

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Holbrook ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Dielert

(Residence in Baltimore: No. 1538 Holbrook St.; 61 yrs., 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 6 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Philip Berger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Wenninger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Joseph Dielert

(Address) 1538 Holbrook St.

15- FILED MAR 16 1916, 191.... ROBERT . KRAUTHOFF Registrar. Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8th 1916, to March 15 1916, that I saw her alive on March 13th 1916, and that death occurred, on the date stated above, at 12 midnight m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

Clinical Diagnosis

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Obstruction

(Duration) ? yrs. ? mos. ds.

(Signed) C. M. C. Parker M. D.

March 15, 1916. (Address) 1051 Linwood St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 18, 1916
20-UNDERTAKER	ADDRESS
Henry Hoerle Son	1201 E Eager St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Blks.

C93214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93214

1-PLACE OF DEATH U. S. Marine Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. U. S. Marine Hosp. ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Mark

(Residence in Baltimore: No. U. S. Marine Hosp. St.; ..... yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 14, 1889.
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

9-BIRTHPLACE, (State or Country), Finland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital records

(Address) [illegible]

15 MAR 16 1916 ROBERT . KRAUTER,
Filed ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to March 14 1916, that I saw him alive on March 14 1916, and that death occurred, on the date stated above, at 3.40 P.m.

The CAUSE OF DEATH* was as follows:

Tubercle of Lung,

? Dent Know (Duration) ..... yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Carter M. D.

March 16, 1916 (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, March 16 1916.

20-UNDERTAKER Chenoweth & Son

ADDRESS Chestnut Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93215

154 C93215

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Decker Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Yeager

Residence in Baltimore: No. 605 N. Decker Ave St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 18th, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 26 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. C. Ramsey

(Address) 605 N. Decker Ave

15- Filed MAR 16 1916, 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 20 1916, to Mar 15 1916, that I saw h.. alive on Mar 13 1916, and that death occurred, on the date stated above, at 1 30 a.m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Infirmities of age

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Mar 15, 191.. (Address) 325 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL, St Paul Cem — DATE OF BURIAL, Mar 16, 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Aliceanna

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93216 C93216

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Neumann

Residence in Baltimore: No. 2938 E. Monument St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 6th, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 8 mos. 9 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Neumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Neumann

(Address) 2938 E. Monument

15- Filed MAR 16 1916, ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1915, to May 15 1916, that I saw him alive on May 15 1916, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Stomach Ulcer
Exhaustion
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
May 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 6 mos. 11 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 2938 E. Monument St.
Former or usual residence 2938 E. Monument St.

19-PLACE OF BURIAL, OR REMOVAL, Balto Cem
DATE OF BURIAL, May 17, 1916

20-UNDERTAKER Philip Herwig
ADDRESS 2016 Aisquith

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13 M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93217 — 28 — C93217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N Howard ST.; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle E Nolan

(Residence in Baltimore: No. 17 N Howard St.; 21 yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 25 (Day), 1895 (Year)

7-AGE, 21 yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph P. Nolan

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Jennie Shad

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph P. Nolan

(Address) 17 N. Howard St

15-MAR 16 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1915, to Mar 17 1916, that I saw h[illegible] alive on Mar 14 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Laryngeal & Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M Allentas M. D.

Mar 15, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL MAR 17 1916

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93218

115 C93218

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2625 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hoeflich

(Residence in Baltimore: No. 2625 E. Madison St.; 50 yrs. 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 23rd (Day) 1865 (Year)

7-AGE, 50 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Actor
(b) General nature of industry, business, or establishment in which employed (or employer): Theaters

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Adam Hoeflich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Gabel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adolph Hoeflich

(Address) 2625 E. Madison St

15- MAR 16 1916 Filed....., 191.. ROBERT F. KRAUTHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 13th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to March 13 1916, that I saw h[illegible] alive on March 13 1916, and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Ataxia of Liver

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Drink Habit

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Kilduff M. D.

Mch 15, 1916 (Address) 2 E. August

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cem	Mar. 16 1916
20-UNDERTAKER Geo M. Fink	ADDRESS 811 N Wolfe

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(93219) 81 (93219)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N Milton ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavina Seidel

(Residence in Baltimore: No. 538 N Milton Ave St.; 50 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.)
Fem	White	Married

6-DATE OF BIRTH, Nov 18, 1865 (Month) (Day) (Year)

7-AGE, 67 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, [illegible] Reisert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. W. Dattus

(Address) 538 N. Milton Ave

15- MAR 16 1916 Filed....., 19... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1915, to Nov 14 1916, that I saw her alive on Nov 13 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Uterine Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 4 ds.

(Signed) E V. Cuculuan M. D.

Nov 16/ 1916 (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary — DATE OF BURIAL, March 16, 1916

20-UNDERTAKER Christian Miller — ADDRESS 1354 Fulton Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 93220

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

93220

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 803 N. Fremont street, ST.: 17 WARD)

2 FULL NAME Victoria Kiersted,

(Residence in Baltimore: No. 803 N. Fremont street, St.; yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Single,

6-DATE OF BIRTH, ... Unknown, (Month) ..... , (Day) 1 (Year)

7-AGE, 77? yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Luke Kiersted,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Catherine Myer,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Singleton, grandniece,

(Address) 1627 Mosher street.

15- MAR 16 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 15th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
Probably Cardiac atheroma,
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis,
..... (Duration).....yrs.....mos.....ds.

(Signed) H. Frederick Kemp M. D.
(Coroner.)

Mar. 16th 1916. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	March 17 1916
20-UNDERTAKER	ADDRESS
Wm Cook	602 E North Ave

C93221

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93221

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C 9

CITY OF BALTIMORE (No. 813 N. Stricker ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Stansbury

Residence in Baltimore: No. 813 N. Stricker St.: 1 yrs. 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 29, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 2 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Herman O Stansbury

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Anna Schemingo

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman O Stansbury

(Address) 813 N. Stricker St

15 MAR 16 1916 Filed ....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 16, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1916, to March 16 1916, that I saw h.r alive on March 16, 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Nasal and Laryngeal Diphtheria

(Duration) ..... yrs. Hours 18 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J Thomas Jutton M. D.

March 16 1916 (Address) 1103 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: March 16, 1916

20-UNDERTAKER: Wm Cook

ADDRESS: 502 N Fulton Ave

4 P M.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93222 C93222

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Exeter ST.; 3rd WARD) REGISTERED NO. C

2-FULL NAME Catherine Aquino

(Residence in Baltimore: No. 413 S. Exeter St.; yrs. mos. 19 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 25 (Day), 1916 (Year)

7-AGE, yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Domenick Aquino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Marino

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domenic Aquino

(Address) 413 S. Exeter st.

15- Filed MAR 16 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1916, to March 15 1916, that I saw her alive on March 15 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronco-pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Palmisano M. D.

March 15 1916 (Address) 316 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar. 16, 1916.

20-UNDERTAKER Randall Riffel Son

ADDRESS 320 S. Bond st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C93223~~ 151 C93223

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Montford Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Adamski

(Residence in Baltimore: No. 626 S Montford ave St.; ..... yrs., 1 mos. ..... ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 22, (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Frank Adamski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Mary Stryjewski

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Adamski

(Address) 626 S. Montford Ave

15- MAR 16 1916 Filed ....., 191.... ROBERT . KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 15, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 15 1916, that I saw him alive on March 14 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... Hours Days

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. L. Valentini M. D.

March 16, 1916 (Address) 16 S. Dundalk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Mar 16 1916
20-UNDERTAKER William Fialkowski	ADDRESS 618 Eastern Ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93224 122 C93224

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fanny Wolfson

(Residence in Baltimore: No. 207 S. Spring St ST.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November, 1861.
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) .....

15- ROBERT J. KRAUTER, Burial Permit Clerk.
Filed MAR 16 1916, 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1916, to Mar 16 1916, that I saw h.. alive on Mar 16 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:
Pneumonia, croupous, acute
Pleuritis, purulent, abscess
..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. H. Ross M. D.
3/16/, 191.6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 207 S Spring St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3/17/1916

20-UNDERTAKER Jack Levin — ADDRESS 512 Ball St

Spec.—8-24-14—M. & T.—2000 Bks.

C93225 C93225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 E Balto ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Rose Katz

(Residence in Baltimore: No. 626 E. Balto St ST.; 30 yrs. ..... mos. ..... ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH. Unknown ....., 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Austrea

PARENTS.

10-NAME OF FATHER, Hyman Weinberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Chasna Weinberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15- MAR 16 1916 ROBERT ... Burial Permit ...

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/9 1916, to 3/11 1916, that I saw h-r alive on 3/11 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

(a) Nephritis

(b) .....

(c) ..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) unknown yrs. ..... mos. ..... ds.

(Signed) Hugh M. Bonney M. D.

3/16, 1916. (Address) 125 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 3/17, 1916

20-UNDERTAKER Jack Lewis

ADDRESS E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C93226

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

C93226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Bright

(Residence in Baltimore: No. 1322 Rutter St St.; 1 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Jan 5 (Month) (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 9 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, Neal Bright

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lottie Goffney

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 16 1916, 191... ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 14 1916, that I saw her alive on March 14 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert L. Baetjer M. D.

March 14, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ✓ yrs. ✓ mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1322 Rutter St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cem	Mar. 17, 1916
20-UNDERTAKER James H Dunn	ADDRESS 1303 Rutter

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1602 Presstman St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Conway Fields

(Residence in Baltimore: No. 1602 Presstman St. St.: 12 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1878 (Year)

7 AGE: 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Porter 640
(b) General nature of industry, business, or establishment in which employed (or employer): Drug Store

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Addie Beggs

(Address) 305 Stricker St

15 MAR 16 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/12, 1916, to 3/14, 1916, that I saw him alive on 3/13, 1916, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Under My care only last 2 days of life)

(Duration) ? yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) B. M. Rhetts M. D.

3/14, 1916 (Address) 2134 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar 16, 1916

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93228 C93228 28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Prince ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Lavinia Wilson

(Residence in Baltimore: No. 814 Prince St St.; 10 yrs., 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Jan (Month) 4th (Day) 1906 (Year)

7-AGE, 10 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Wilson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wilson

(Address) 814 Prince St.

15- Filed MAR 16 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to March 16 1916, that I saw h[illegible] alive on March 14 1916, and that death occurred, on the date stated above, at 1 a-m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Toxaemia, Asthenia

(Duration) ... yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) ... yrs. 1 mos. ... ds.

(Signed) John T. McCarthy M. D.

March 16, 1916. (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	March 16, 1916
20-UNDERTAKER Charles B Jones	ADDRESS 1112 Baltimore

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93229

CERTIFICATE OF DEATH.

92 C93229

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 918 E. Pine ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Jane Brummel

(Residence in Baltimore: No. 918 E. Pine St.; 82 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett Brown

(Address) 918 E. Pine St.

15-Filed MAR 16 1916 ROBERT ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to March 14 1916, that I saw her alive on March 13 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Infection right leg (Caused by blister from Coal Oil)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. F. Fields M. D.

March 14, 1916. (Address) 208 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, MAR 16 1916

20-UNDERTAKER Samuel F. Kemsley ADDRESS 578 N. Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

093230 126 093230

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Webster

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs.,....mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 13, 1848
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 1 mos. ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Rhode Island

PARENTS.

10-NAME OF FATHER, Josiah Locke Webster

11-BIRTHPLACE OF FATHER (State or Country), N. H

12-MAIDEN NAME OF MOTHER Locke Parker

13-BIRTHPLACE OF MOTHER (State or Country), R. I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- MAR 16 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 22 1916, to March 16 1916, that I saw him alive on March 16 1916, and that death occurred, on the date stated above, at 8 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Interstitial Hypertrophy

(Duration) 6 yrs....mos....ds.

(Signed) William Osler M. D.

March 16 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hotel Netherland N. Y.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New York	March 16th, 1916.
20-UNDERTAKER	ADDRESS
Henry H. Jenkins & Sons Co.	Orchard St.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93231

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93231

CERTIFICATE OF DEATH

79

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1502 Mc Culloh ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Becker

(Residence in Baltimore: No. 1502 Mc. Culloh St ST. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 11th (Day), 1854 (Year)

7-AGE: 62 yrs. mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Conrad Becker

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Koehler

(Address) 1502 McCulloh St

15. Filed MAR 16 1916, 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 15th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 6th, 1915, to March 15th 1916, that I saw him alive on March 15, 1916, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

Several Years (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. J. Carrick M. D.

March 15, 1916. (Address) 1417 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: March 17, 1916

20-UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

Form No. 8.—8-24-14—M. & T.—2000 Bks.

C93232

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93232

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joanna Westerman

(Residence in Baltimore: No. 1525 W. Fayette St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... about ..... (Month) ....., 1836 (Day) (Year)

7-AGE, 80 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Don't know

PARENTS.

10-NAME OF FATHER, Abiskam Westerman

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Caroline Eggleston

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Westerman

(Address) 506 N. Stricker St

15-MAR 16 1916 MARK O. ANDREWS, Burial Permit Clerk

Filed....., 191. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15th, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 29th 1916, to Mar. 15th 1916, that I saw her alive on March 15th 1916, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis ? Hypertension

(Duration) ? yrs. ..... mos. ? ..... ds.

(Signed) Frank E Shipley M. D.

Mar. 15th, 191. 6 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1525 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	March 18 1916.
20-UNDERTAKER	ADDRESS
Chas E Franck	802 Madison

C93233

HEALTH DEPARTMENT—CITY OF BALTIMORE

61/A

C93233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union Protestant Infirmarys ST.: 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Steckman,

(Residence in Baltimore: No. 904 McCulloh street, St.; yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, October (Month) 22nd (Day), 1893. (Year)

7-AGE, 22 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Public laundry,

9-BIRTHPLACE, (State or Country), Pennsylvania,

PARENTS.

10-NAME OF FATHER, John Steckman,

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania,

12-MAIDEN NAME OF MOTHER Mary Deale,

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Authorities,.....

(Address).....

15-

Filed MAR 16 1916, 191.... BARRY O ANDREWS, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Streptococcic meningitis-caused by picking a furuncle of cheek and resulting in infection, (accident.) (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration)...yrs.....mos.....ds.

(Signed) H. Frederick Krumpel M. D. (Coroner.)

Mar. 16, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cumberland, Md	Mar 16, 1916
20-UNDERTAKER Chas. Howe & Son	ADDRESS 1181 W. Mt. Royal av.

Spec.—8-24-14—M. & T.—2000 Bks.

C93234

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93234

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 N. Scherwood ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Hoffman

(Residence in Baltimore: No. 1913 N. Scherwood ave St. Life yrs. ..... mos. ..... ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Dec 26 (Month) (Day), 1875 (Year)

7-AGE, 40 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Laura McCan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John T. Hoffman

(Address) 1913 N. Scherwood ave

15-

Filed MAR 16 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1916, to Mch 14 1916, that I saw him alive on Mch 13 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. Lincoln T. Todd M. D.

Mch 15, 1916. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, March 17th 1916

20-UNDERTAKER George J. Ruth. — ADDRESS 1735 Harford ave

Spec.—8-24-14—M. & T.—2000 Bks.

93235

HEALTH DEPARTMENT—CITY OF BALTIMORE

93235

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1423 E. Lanvale ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Rutemeyer

(Residence in Baltimore: No. 1423 E. Lanvale St. St.; 40 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1854.
(Month) (Day) (Year)

7-AGE, 62 Year ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Hardware

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Rutemeyer

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Ruth

(Address) 1735 Harford ave

15-
Filed MAR 16 1916, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1914, to March 14 1916, that I saw h~~im~~ alive on March 14 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Dr. Chas W Donderson M. D.

March 15, 1916. (Address) 1714 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery. DATE OF BURIAL, March 17, 1916.

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93236

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93236

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1208 N Chester St. Ward) 8

REGISTERED No. C 31

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer A Green

(Residence in Baltimore: No. 1208 N Chester St.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 23, 1904 (Month) (Day) (Year)

7-AGE: 11 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): School Boy

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Edgar A Green

11-BIRTHPLACE OF FATHER (State or country): Mont Alto, Pa

12-MAIDEN NAME OF MOTHER: Hannah Seibert

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar A Green

(Address) 1208 N Chester St.

15-

Filed MAR 16 1916 HARRY O ANDREWS, Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 8, 1916, to March 14 1916, that I saw him alive on March 14, 1916, and that death occurred, on the date stated above, at 4.05 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Peritoneum

(Duration) 1 yrs. 3 mos. 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alex L. Sage M. D.

3/15/16 (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem — DATE OF BURIAL: March 18, 1916

20-UNDERTAKER: J Herring & C — ADDRESS: 2008 Aliceanna

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93237

CERTIFICATE OF DEATH

C93237

91

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1509 Patapsco ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Rock Jr.

(Residence in Baltimore: No. 1509 Patapsco St. St.; 6 yrs. 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug. (Month) 31 (Day), 1909 (Year)

7-AGE: 6 yrs. 6 mos. 15 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: James L Rock

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Anna Hughes

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Anna Rock

(Address) 1509 Patapsco St.

15- FILED MAR 16 1916 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 14, 1916, to Mch 16 1916, that I saw ~~him~~ alive on Mch 16 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edgar Smith M. D.

Mch 16, 1916. [Address] 910 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Pk Cem — DATE OF BURIAL: Mch. 17, 1916.

20-UNDERTAKER: J. Fran McCarthy — ADDRESS: 39 E. Fort.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

093238 — 120 — 093238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St Joseph's Hospital ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Mittag

(Residence in Baltimore: No. 819 S. Broadway. St.; 32 yrs., mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Nov 20, 1856 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 3 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer)..... B.T.O.R.R.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Justine Mittag

(Address) 3720 Eastern Ave

15- Filed MAR 16 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 15 1916, that I saw h im alive on March 15 191 6, and that death occurred, on the date stated above, at 3 p m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis not known

(Duration) yrs. mos. ds.

(Signed) O. V. Leonhardt M. D.

March 15, 191 6. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 819 S. Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	March 17, 191 6.
20-UNDERTAKER	ADDRESS
H. Sinkler & Sons	1710 Pratt St

Spec.—5-19-13—M. & T.—500 Bks.

C93239 HEALTH DEPARTMENT—CITY OF BALTIMORE C93239

CERTIFICATE OF DEATH.

42

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 1012½ N Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary Murdock

(Residence in Baltimore: No. 1012½ N. Gilmor. St.; —yrs., —mos. —ds)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 18, 1871 (Month) (Day) (Year)

7-AGE, 44 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Sulphur Springs Va.

PARENTS.

10-NAME OF FATHER, ? Gohelown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER ? Hardon

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Murdock husband

(Address).....

15- Filed MAR 16 1916 191... Burial Permit Oler Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to March 1916, that I saw h e alive on March 16 1916, and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri
Metastasis to Liver & Glands
Clinical Diagnosis and Microscopic Exam of scrapings

(Duration) ?? yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolus to brain

(Duration) yrs. mos. 4 ds.

(Signed) Fernando King Nichols M. D.

March 16, 1916. (Address) 1375 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Mar. 18, 1916.

20-UNDERTAKER M Fraher & Sons — ADDRESS 606 Lafayette Ave

C93240

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93240

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 22 WARD) REGISTERED No. C.

2-FULL NAME George E. Munson

(Residence in Baltimore: No. 128 Conway St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; - yrs., - mos., - ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 19 (Day), 1897 (Year)

7-AGE, 18 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pa. R. R.

9-BIRTHPLACE, (State or Country). District of Columbia.

PARENTS.

10-NAME OF FATHER, Poynton W. Munson

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Emma F. Cowell.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Poynton W. Munson

(Address) #6 Clarke Place.

15-MAR 16 1916 Filed....., 191. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accident - R. R. Struck by engine of car
Fracture skull
(Duration) ....yrs. 6 hours mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. R. Chambers (Coroner.) M. D.

March 16 1916 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1/2 ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 128 Conway St.

19-PLACE OF BURIAL OR REMOVAL Washington D.C. DATE OF BURIAL March 16, 1916

20-UNDERTAKER G. W. Deal ADDRESS 2900 Mt Wash. D.C.

Spec.—1-19-13—M. & T.—500 Blks.

C93241

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93241

CERTIFICATE OF DEATH.

8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Mary ST.; 5 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Christmas

(Residence in Baltimore: No. 1404 Mary St St.; 66 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Colored	Widower

6-DATE OF BIRTH. Not definitely known, 1850
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
66 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Kenney

(Address) 1404 Mary St

15- MAR 16 1916 Filed ..... 191.. HARRY O ANDREWS, Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 1916, to Mar 15 1916, that I saw h[illegible] alive on Mar 14 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Indefinite
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) Benj. H. Dallam M. D.

Mar. 15, 1916 (Address) 1210 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel cemetery	March 17, 1916

20-UNDERTAKER	ADDRESS
Milton Davis	1608 McElderry St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—1000 Blks.

C93242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93242

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715. S. Wolfe. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrich Apson

(Residence in Baltimore: No. 715 S. Wolfe. St.; 29 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not. Known ....., 185.. (Month) (Day) (Year)

7-AGE, 61 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rozalia Apson

(Address) 715 S. Wolfe.

15- Filed MAR 16 1916, 191.. MARRY O ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1- 1915, to Mar 16 1916, that I saw h[illegible] alive on Mar 14 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. 2 ds.

(Signed) C. C. Slade M. D.

3/16, 191.. (Address) 142 N. 93 way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 18 1916

20-UNDERTAKER William Jackowski

ADDRESS 1618 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93243 C93243

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 600 S. Bose. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Gorna

(Residence in Baltimore: No. 600 S. Bose. St.; ... yrs., ... mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb. (Month) 21, (Day) 1916 (Year)

7-AGE: ...yrs...mos. 24 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Gorna

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Josepha Kalmowska

13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gorna

(Address) 600 S. Bose.

15- MAR 16 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed ..., 191. ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/16/16 (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/16/16 191, to ... 191, that I saw h[illegible]ve on 3/16/16 191, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(b) ... (Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Marasmus

(c) ... (Duration) ...yrs. ...mos. ...ds.

(Signed) E. Edward L. Bruns M. D.

3/16/16, 191... (Address) 2912 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Mar. 17, 1916.

20-UNDERTAKER William Fralsowsk ADDRESS 1618 Eastern Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C93244

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93244

CERTIFICATE OF DEATH.

113

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E Randall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar A. Riehl

(Residence in Baltimore: No. 400 E. Randall St.; 49 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 2 (Day) 1866 (Year)

7-AGE, 50 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Mfgr.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Fredrick A. Riehl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Neumann

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph L. Gibson

(Address) 400 E. Randall St.

15- MAR 16 1916 HARRY O ANDREWS, Special Deputy Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to March 14th 1916, that I saw him alive on March 14 - 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Leinhosis of Liver

(Duration) yrs. 8 mos. 6 ds.

CONTRIBUTORY (Secondary) Hydro-Peritoneum

(Duration) yrs. 8 mos. 6 ds.

(Signed) J. K. Wiles M. D.

March, 1916 (Address) 24 W. Leary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, March 17 1916.

20-UNDERTAKER P. J. & M. S. Flynn

ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

C93245

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93245

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Parish ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Florence Louisa Reid

(Residence in Baltimore: No. 515 Parish St.; ...yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Blk	Single

6-DATE OF BIRTH, October (Month) 6th (Day), 1915 (Year)

7-AGE, ...yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Joseph Reid

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jennie Payne

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Reid

(Address) 515 Parish St.

15- MAR 17 1916 ROBERT J. KRAUTH, Filed ..., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 15th 1916, that I saw her alive on March 15th 1916, and that death occurred, on the date stated above, at 10, a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

2 weeks (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion Poorly nourished

Several days (Duration) ...yrs. ...mos. 4 ...ds.

(Signed) John L. Manger M. D.

March 16 1916 (Address) 1002 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Metamberson Cemetery	March 17 1916
20-UNDERTAKER	ADDRESS
Felix B. Pye	1028 Mulberry St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14.131

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93246

C93246

94

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 S. Chester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelka Weisberg

Residence in Baltimore: No. 26 S. Chester St.; —yrs.,—mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 15, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 36 hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Charles Weisberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Weisberg

(Address) 26 S. Chester St.

15- MAR 17 1916 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/15 1916, to 3/17 1916, that I saw her alive on 3/17 1916, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Syncope

(Duration) — yrs. — mos. 1 ds.

(Signed) H. Stanley Krauss (M. D.)

3/17/16 191... (Address) 501-22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fulton Rosedale — DATE OF BURIAL, Mar. 17, 191.6

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C93247

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93247

CERTIFICATE OF DEATH.

× 92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Jaffe

(Residence in Baltimore: No. Hebrew Hospital St.; ... yrs., ... mos. 28 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1840 (Year)

7-AGE, 76 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 677

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balt St

15- Filed MAR 17 1916, 191... ROBERT ... KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/18 1916, to 3/16 1916, that I saw him alive on 3/16 1916, and that death occurred, on the date stated above, at 10.50 m.

The CAUSE OF DEATH* was as follows:

Ulcer of leg

?

(Duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ... yrs. ... mos. 2m ds.

(Signed) Wm. T. Johnson M. D.

3/16, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. 28 days ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 3/17, 1916

20-UNDERTAKER Jack Lewis

ADDRESS E Balt St

Spec.—8-24-14—M. & T.—2000 Bks.

93248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 93248

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Durham St. 8 WARD)

REGISTERED NO. C

2-FULL NAME Charles C. Nelson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1708 N. Durham St. St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 24, 1853
(Month) (Day) (Year)

7-AGE, 60 yrs. 5 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Own Business

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Nelson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E. Nelson

(Address) 1708 N. Durham St.

15- Filed MAR 17 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1916, to March 16, 1916, that I saw h[illegible] alive on March 16, 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Esteban Frasee M. D.

3/16/, 191... (Address) 1417 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Schwartz Cem. DATE OF BURIAL, Mar. 18, 191. 6.

20-UNDERTAKER Robt. E. Turner ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93249 C93249

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 W. Lee ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Walter Wesley

(Residence in Baltimore: No. 530 W. Lee St.; 8 yrs. 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	S

6-DATE OF BIRTH, Dec. (Month) 19 (Day), 1907 (Year)

7-AGE, 8 yrs. 2 mos. 25 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or estsblishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, George W Isley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Georgeana West

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgeana West

(Address) 530 W Lee St

15- Filed MAR 17 1916 191.... ROBERT T. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1916, to March 14 1916, that I saw h[illegible] alive on March 14 191 and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Septicemia

Abdominal Glands

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pthisis

(Duration) yrs. 2 mos. ds.

(Signed) C. H. Fowler M. D.

March 16, 1916 (Address) 712 S. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn	March 17 1916
20-UNDERTAKER John H. Toadvine	ADDRESS 142 W Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93250

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C93250

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1939 Ridgewood Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose marie Harris

(Residence in Baltimore: No. 1939 Ridgewood Ave St.; Life yrs. mos. ds.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 3 1896 (Month) (Day) (Year)

7-AGE: 19 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Maryland

PARENTS

10-NAME OF FATHER: Thos Emerson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Sydney Archebald

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fannie Harris

(Address) 1939 Redgewood ave

15- Filed MAR 17 1916 191 ROBERT J. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 15 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1916, to, Mar 15 1916, that I saw h[illegible] alive on Mar 14 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 2 mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), W. P. Daly M. D.

3/15 1916. [Address] 1953 d nort[illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Mar 18 1916

20-UNDERTAKER: Josiah Lyter

ADDRESS: 1600 N. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93251 C93251

CERTIFICATE OF DEATH.

97

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N. Bond ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah F. Biddison

(Residence in Baltimore: No. 1118 N. Bond St.; 40 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 18th, 1865 (Month) (Day) (Year)

7-AGE, 50 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Athens Georgia

PARENTS.

10-NAME OF FATHER, Adolphus Wansley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Georganna Fellows

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Biddison

(Address) 1118 W. Bond st

15- MAR 17 1916 191 ROBERT J. KRAUTER, Burial Permit Clerk

Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11 1916, to Mar 16 1916, that I saw h.. alive on Mar 16 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. F. Litton, M. D.

Mar 17, 1916. (Address) 1711 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Biddison Cemetery Baltimore Md — DATE OF BURIAL, Mar. 18th, 1916.

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E. Monument

C93252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 C93252

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3584 Chestnut Av ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. O'Hare

(Residence in Baltimore: No. 3534 Chestnut Ave St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: Dec (Month) 5 (Day), 1850 (Year)

7-AGE: 65 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith Helper
(b) General nature of industry, business, or establishment in which employed (or employer): 244

9-BIRTHPLACE (State or country): Richmond Va

PARENTS

10-NAME OF FATHER: Michael O'Hare

11-BIRTHPLACE OF FATHER (State or country): Island

12-MAIDEN NAME OF MOTHER: Catherine Burns

13-BIRTHPLACE OF MOTHER (State or country): Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. O'Hare

(Address) 3534 Chestnut Av

15- MAR 17 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from February 4, 1916, to, March 15 1916, that I saw h.im alive on March 15 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cancer Sigmoid
Cancer of Prostate & ?
General Cancerous Metastasis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Nraemia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. Theiler M. D.

March 16, 1916 [Address] 3849 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 18 1916

20-UNDERTAKER: A B Marshall — ADDRESS: 3809 Fall Rd

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93253

C93253

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 703 N. Carey. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick H. Hasler.

(Residence in Baltimore: No. 703 N. Carey St.; unknown yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 10 (Month), 10 (Day), 1860 (Year)

7-AGE, 55 yrs. 10 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Business 55
(b) General nature of industry, business, or establishment in which employed (or employer): Storekeeper

9-BIRTHPLACE, (State or Country), Maine.

PARENTS.

10-NAME OF FATHER, John Hasler.

11-BIRTHPLACE OF FATHER (State or Country) Maine.

12-MAIDEN NAME OF MOTHER Mont Kuon

13-BIRTHPLACE OF MOTHER (State or Country) Mont Kuon

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ollie K. Hasler

(Address) 703 N. Carey St

15- Filed MAR 17 1916, 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1 1916, to March 16 1916, that I saw him alive on March 15 1916, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Hahn H. Freeman M. D.

Mch 17, 1916 (Address) 1227 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 18.., 1916.

20-UNDERTAKER John Cook — ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93254

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93254

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1025 N Lexington St.; 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Watts

(Residence in Baltimore: No. 1025 N Lexington St.; 48 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: September, 1846 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): St Mary's Co Md

PARENTS.

10-NAME OF FATHER: Barton Watts

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Lee

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Brown

(Address) 1025 N Lexington

15-

Filed MAR 17 1916 191... ROBERT . KRAUTH, Registrar. REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 15, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 15 1916, that I saw h[er] alive on March 15 1916, and that death occurred, on the date stated above, at 10 5 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3/15, 1916. (Address) 117 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Mch ..., 191...

20-UNDERTAKER: John J Conway & Son

ADDRESS: 901 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93255

CERTIFICATE OF DEATH.

108 C93255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence T. Hamilton

(Residence in Baltimore: No. 3812 Rolans ave. St.; 35 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) September (Day) 8 (Year) 1858

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Paymaster's Bookkeeper 96
(b) General nature of industry, business, or establishment in which employed (or employer) Pole Engineering Co.

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, Wm. Hamilton

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Catherine Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs May Hamilton

(Address) 3812 Roland Av

15- MAR 17 1916 Filed ....., 191.....

NORRIS A. KREUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mch 15 1916, to Mch 17 1916, that I saw him alive on Mch 17 1916, and that death occurred, on the date stated above, at 6.55 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Diffuse Peritonitis

Supperating Appendix (Duration) ..... yrs. ..... mos. 3 ..... ds.

(Signed) R L Johnson M. D.

Mch 17, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 1/2 ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 3812 Rolands ave

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, Mch 19, 1916

20-UNDERTAKER A S Marshall ADDRESS 3539 Falls Rd

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93256

CERTIFICATE OF DEATH.

41 C93256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Etting ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Downs

(Residence in Baltimore: No. 1125 Etting St.; 45 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. May 10, 1868 (Month) (Day) (Year)

7-AGE. 48 yrs. mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Downs

(Address) 1125 Etting St.

15- Filed MAR 17 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to March 14 1916, that I saw her alive on March 14 1916, and that death occurred, on the date stated above, at 11.40 a m.

The CAUSE OF DEATH* was as follows:

operation successful
Sarcoma of Intestines
also Uterus ?

(Duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) To Edema ?

(Duration) ? yrs. ? mon. ds.

(Signed) Sloan Hughes M. D.

March 16 191.. (Address) 1413 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. March 17, 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

C93257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Ashton ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward L. Parker

(Residence in Baltimore: No. 2118 Ashton St.; Lifetime ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1914 (Year)

7-AGE, 1 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles E. Parker

11-BIRTHPLACE OF FATHER (State or Country), Bridgeville Del

12-MAIDEN NAME OF MOTHER Viola P. Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Parker

(Address) 2118 Ashton St.

15-MAR 17 1916 Filed....., 191.... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 13 1916, to Mar 15 1916, that I saw him alive on Mar 15 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) Henry L. Ehle M. D.

Mar 15, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Mar 17 1916

20-UNDERTAKER W. J. Dickneite for ADDRESS North Pt.

C93258

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

C93258

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 826 George street, St.: 17 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Parker,

(Residence in Baltimore: No. 826 George street, St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, ... Unknown, ... (Month) ..... (Day), 1863 (Year)

7-AGE, ... 53 ..... yrs. ..... ? ..... mos. ..... ? ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook, 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private family.

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, John Adams,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Louise ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Parker, son,

(Address) 826 George street.

15- MAR 17 1916 ROBERT , KRAUTH,
Filed ....., 191... Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 14th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... inquiry ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) inquiry ... find that said deceased came to her ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Probably Organic heart disease, ...

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Frederick Kempel ..... M. D. (Coroner.)

Mar. 15th, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W. Laurel	March 17, 19...
20-UNDERTAKER	ADDRESS
Samuel T. Kemsley	578 W. Fayette

57

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93259 C93259 x 1

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Benj. Mussett

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Not known ....., 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor 506
(b) General nature of industry, business, or establishment in which employed (or employer) Norwegian Steam S/S

9-BIRTHPLACE, (State or Country), Holland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Mercy Hosp.

(Address) Calvert St.

15- MAR 17 1916 ROBERT J. KRAUTH
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 8 1916, to Mar. 16 1916, that I saw h.m alive on Mar 16 1916 and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edward L. Smith M. D.

Mar 17, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. 8 ds.

Where was disease contracted, if not at place of death? S.S. Oosterdyk"

Former or usual residence S.S. "Oosterdyk"

19-PLACE OF BURIAL OR REMOVAL, Mt. Schwartzer Cem. DATE OF BURIAL, Mar 17, 1916

20-UNDERTAKER Robert J Turner ADDRESS 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C93260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x41 C93260

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dunther

(Residence in Baltimore: No. University Hospital St.; ..... yrs. ..... mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1863

7-AGE, 53 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm hand.
(b) General nature of industry, business, or establishment in which employed (or employer): Labor 072

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Fred Dunther

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER — Walzer

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Record.

(Address) .....

15- Filed MAR 17 1916, 191.. ROBERT . KRAUTER, Assistant Vital Statistics Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 3/16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/15 1916, to 3/16 1916, that I saw h... alive on 3/16/16 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Anemia.
Carcinoma of Pleura
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Intercurrent Pneumonia

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) A Miller M. D.

3/16, 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Edgewood Harford Co Md

19-PLACE OF BURIAL OR REMOVAL: Edgewood Md — DATE OF BURIAL: 3/17 1916

20-UNDERTAKER: E T B Hale — ADDRESS: 115 E Nash

Spec.—8-24-14—M. & T.—2000 Blks.

Barbara Yurik

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93261 C93261

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH REGISTERED No. C.....

CITY OF BALTIMORE: (No. 121 S Regester ST.: 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bibena Yurik

(Residence in Baltimore: No. 121 S Regester St.; 1 yrs., 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 1 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Yurik.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Frances Roszinska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Yurik.

(Address) 121 S. Regester St.

15- MAR 17 1916 ROBERT . KRAUSE,

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 15 1916, to Mar 17 1916, that I saw her alive on Mar 17 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Labor Prematurity

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY — Exhaustion
(Secondary)

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. Wade M. D.

Mar 17, 1916. (Address) 416 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
H. Stanislaus.	Mar 19, 1916.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93262 C93262

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N Randall St.; 23 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. R. Sittler

(Residence in Baltimore: No. 131 N Randall St.; unknown yrs., mos. ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan (Month) 6 (Day), 1831 (Year)

7-AGE, 85 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha A Talson

(Address) 131 N Randall St.

15-

Filed ..... 191.....

MAR 17 1916 Registrar.
Bureau of Vital Statistics Office.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to Mar 15 1916, that I saw h[illegible] alive on Mar 15 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Old Age

(Duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Uncertain

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) R. L. Campbell M. D.

Mar 16 1916 (Address) 1614 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont Olivet Cemetery — DATE OF BURIAL, March 19 1916

20-UNDERTAKER Wm J. Adams Sons — ADDRESS 1430 E. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93263 HEALTH DEPARTMENT—CITY OF BALTIMORE C93263

CERTIFICATE OF DEATH. REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Somerset ST.; 5 WARD)

2-FULL NAME Emma Sudler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 431 Somerset St.; 58 yrs. mos. ds.)

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH Unknown (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

9-BIRTHPLACE, (State or Country), Maryland, Balto

PARENTS.

10-NAME OF FATHER, Champion Sudler

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Jane Johnson.

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie McCauley

(Address) 431 Somerset

15- Filed MAR 17 1916, 191.. ROBERT . KRAUTER, Assistant Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to Mar 13 1916, that I saw her alive on Mar 13 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Solar Pernicia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Mrs L. Craddock M. D.

Mar 16, 1916. (Address) 1038 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, March 17, 1916

20-UNDERTAKER Robert A Elliott

ADDRESS 506 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93264

C93264

152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Wayne St. ST.; 27 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Queen

(Residence in Baltimore: No. 535 Wayne St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 16 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 2 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Albert Queen.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Cora Neal.

13-BIRTHPLACE OF MOTHER (State or Country), Delaware.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAR 17 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-16- 1916, to 3-16- 1916, that I saw h[illegible] dead 3-16- 1916, and that death occurred, on the date stated above, at 7-A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis
& Prematurity.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity.
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harter S. Sima M. D.
3-16-, 191.6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAR 1, 1916
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND. Commissioner Health.

FOR ANTHROPOLOGICAL PURPOSES.

IMPORTANT—THIS IS A PERMANENT RECORD
AGE should be stated EXACTLY. PHYSICIANS should state item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93265

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

66

C93265

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Bond ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Plichta.

(Residence in Baltimore: No. 621 S. Bond St.; 34 yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: May (Month) 16 (Day), 1881 (Year)

7-AGE: 34 yrs. 10 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Baltimore. Md.

PARENTS

10-NAME OF FATHER: Joseph Kryszak.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Annie Warwzenak

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Plichta

(Address) 621 S. Bond St.

15- MAR 17 1916 ROBERT . KRAUTER, Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1, 1916, to, Mar 16 1916, that I saw h[er] alive on Mar 15 1916, and that death occurred, on the date stated above, at 8 am. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis.

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Hemiplegia

(Duration) yrs mos 21 ds.

(Signed), J. R[illegible] Ireland M. D.

, 191 [Address] 2938 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Mar 18, 1916.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 405 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Florence Guerrassio

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93266 C93266

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 335 Ellamont ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Guerrassio

(Residence in Baltimore: No. 335 - Ellamont St.; ..... yrs., 2 mos. 15 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Dec. (Month) ..... 29 (Day), 1915 (Year)

7-AGE, ... yrs. 2 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Antonio Guerrassio

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Elizabeth Mazzocca

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonio Guerrassio

(Address) 335 Ellamont

15- MAR 17 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to March 17 1916

that I saw h[illegible] alive on March 16 1916

and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH* was as follows:

.....

Acute Broncho-Pneumonia

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Howard W. Jones M. D.

March 17 1916. (Address) 22 Augusta Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
New Cathedral Cem	March 17, 1916
20-UNDERTAKER	**ADDRESS**
Charles W. Dill.	3[illegible] Fremont Ave.

Spec.—5-19-13—M. & T.—500 Bks.

C93267

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93267

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 Tyson ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sedonia Dorsey

(Residence in Baltimore: No. 844 Tyson St.; 10 yrs., ~ mos. ~ ds)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July ? 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress 84[illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) washing & ironing at home

9-BIRTHPLACE, (State or Country), Eastern Shore, Md

PARENTS.

10-NAME OF FATHER, Washington Miles

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore, Md

12-MAIDEN NAME OF MOTHER Nicke Miles

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J Keller

(Address) 722 W Lexington St

15- MAR 18 1916 ROBERT . KRAUTER
Filed....., 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1- 1916, to March 16th 1916, that I saw h[illegible] alive on March 16th 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease
Mitral incompetency & last Compensation

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas J Keller M. D.

3/16/16 191... (Address) 722 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, March 18 191[illegible]

20-UNDERTAKER David Easton

ADDRESS 926 Laurel

Spec.—8-24-14—M. & T.—2000 Blks.

C93268

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93268

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5178 Spring St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kelly

(Residence in Baltimore: No. 5178 N Spring St.; 15 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	colored	Widow

6-DATE OF BIRTH. Unknown ....., 1846
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
70 yrs. — mos. — ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home. House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Parker

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucy Reed

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).. Annie Johnson

(Address)..... 5178 N Spring St

15- FILED MAR 18 1916 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 16 1916, to Mar 16 1916, that I saw h.. alive on Mar 16 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

3 hrs (Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

Duration) 1 yrs. 1 mos. ..... ds.

(Signed) Edward D Johnson M. D.

Mar 16, 1916 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Manchester Va	Mar 21, 1916.
20-UNDERTAKER	ADDRESS
P C Trost	1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

093269 093269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 E. Biddle St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Helen Mumbullock

(Residence in Baltimore: No. 2737 E Biddle St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, March 16th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. .....ds.

If LESS than 1 day, 10 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Albert E. Mumbullock

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen Eberle

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. McMullock

(Address) 2434 E. Biddle St

15-MAR 18 1916 HARRY O. ARLOOKS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 16 1916, that I saw her alive on March 16 1916, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
Immaturity Edema Gestation
(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)
(Duration) .....yrs. .....mos. .....ds.

(Signed) Thomas Wilson Jr. M. D.

March 17th, 1916 (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem.	March 18 1916.
20-UNDERTAKER	ADDRESS
L. C. Wiedefeld Jr	2715 Freemont Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93270

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 C93270

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3579 Fall Road St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Gousuch

(Residence in Baltimore: No. 3579 Fall Road St.; 89 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. (Month) 29 (Day), 1834 (Year)

7-AGE: 81 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Carroll Co, Md.

PARENTS

10-NAME OF FATHER: Reuben Pool

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md.

12-MAIDEN NAME OF MOTHER: Rachel Shipley

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Reuben Gousuch

(Address) 3579 Fall Road

15- Filed MAR 18 1916, 191.....

Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby, 1916, to, Mar 16 1916, that I saw h.er alive on Mar 16 1916 and that death occurred, on the date stated above, at 1.40 P.M.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) — yrs — mos — ds.

Contributory (SECONDARY) Cystitis

(Duration) ..... yrs ..... mos. 10 ds.

(Signed), Geo W. Dorsey M. D.

Mar 17, 1916. [Address] 26 So. N. Charles.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cem. Co. DATE OF BURIAL: Mar 19, 191 6

20-UNDERTAKER: A S Marshall ADDRESS: 3539 Fall Rd

Spec.—5-19-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93271 93271

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Penna Ave ~~St.~~ 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cornelius Meehan

Residence in Baltimore: No. 2300 Penna Ave St.; 10 yrs., 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, May (Month) 14 (Day), 1905 (Year)

7-AGE, 10 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alphonsus Joseph Meehan

11-BIRTHPLACE OF FATHER (State or Country), Alberton Md.

12-MAIDEN NAME OF MOTHER Elizabeth Kerney.

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C. Shannon

(Address) 700 Fulton ave

15- Filed MAR 18 1916, 191... ROBERT J. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 17 1916, that I saw h[im] alive on March 17 1916, and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) 1 yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchis Pneumonia

(Duration) 1 yrs. 1 mos. 6 ds.

(Signed) Geo C. Shannon M. D.

Mar. 17, 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	3/20, 1916
20-UNDERTAKER Williams Cook	ADDRESS 389 E North ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93272

CERTIFICATE OF DEATH.

C93272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Ruskin Ave ST.; 13 WARD)

REGISTERED NO. C 152

2-FULL NAME Margaret Elizabeth Wakeland

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2215 Ruskin Ave St.; ..... yrs., Life mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar 16, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. F. Wakeland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cora Kirchner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Wakeland

(Address) 2215 Ruskin Ave

15- Filed MAR 18 1916, 191.... ROBERT P. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1916, to Mar 17 1916, that I saw h[illegible] alive on Mar 6 1916, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows: Malformation Pylorus

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Md F. Marshall M. D.

3-17, 1916. (Address) 2212 Ruskin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Mar 18, 1916.

20-UNDERTAKER W. Cook R. ADDRESS 502 E. Hatton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93273

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93273

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 312 N. Vincent ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Burley

(Residence in Baltimore: No. 312 N. Vincent

Wife

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, March — (Month), ... (Day), 1861 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sally Burley

(Address) 312 N. Vincent

15- MAR 18 1916 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Ulman M. D. (Coroner)

March 17th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 19 1916.
20-UNDERTAKER Robert Brown	ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93274 — 92 — C93274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Pulaski St.; 15 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Weed

(Residence in Baltimore: No. 2011 Pulaski St.; 50 yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: July 26, 1841 (Month) (Day) (Year)

7-AGE: 74 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Howard Co. Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Howard Co Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary F. McQuay

(Address) 2011 Pulaski St

15- MAR 18 1916 CHARLES M. SINCLAIR.
Filed ..... 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 17 1916, that I saw h er alive on March 17 1916, and that death occurred, on the date stated above, at 6-A m.

The CAUSE OF DEATH* was as follows:

Croupous pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ... yrs. ... mos. 7 ds.

(Signed) C. W. Bottman M. D.

3-17-1916, 191... (Address) 2100 N. Monta ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, Mch 19, 1916

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1944 W. North

Spec.—8-24-14—M. & T.—2000 Bks.

C93275 C93275

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 2225 Homewood Ave 9 St.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Gordon Barry

(Residence in Baltimore: No. 2225 Homewood Ave St.; Lifetime yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 8th, 1916 (Month) (Day) (Year)

7-AGE, 9 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, W. G. Barry

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Dorothy Koffenberger

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W G Barry

(Address) 2225 Homewood Ave

15- CHARLES M. SINCLAIR

Filed MAR 18 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 191 to March 17th 1916, that I saw him alive on March 17th 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Congenital Hypertrophy and
Transposition of Heart
Non Closure of Foramen Ovale

(Duration) 9 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 9 yrs. mos. 9 ds.

(Signed) H. Wolfstein M. D.

March 17 1916 (Address) 607 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, 3/18..., 1916

20-UNDERTAKER Edw. L. Fanning ADDRESS 1938 E Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93276

CERTIFICATE OF DEATH.

8 C93276

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Clinton St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Danika Cobery

(Residence in Baltimore: No. 810 Clinton St. St.: 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Baby

6-DATE OF BIRTH: Jan. (Month) 23rd (Day), 1915 (Year)

7-AGE: 1 yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER: Jimmie Cobery

11-BIRTHPLACE OF FATHER (State or Country): Maryland.

12-MAIDEN NAME OF MOTHER: Ida Peavey

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Lillie Peavey

(Address): 810 Clinton St.

15-

Filed MAR 18 1916, 191... [illegible] Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16, 191..., to March 16, 1916, that I saw her alive on March 16, 1916, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary—Whooping Cough

Immediate—Paroxysmal convulsion (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. 3 ds.

(Signed) J. P. Strong M. D.

3/17/16, 191... (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ft. Auburn Cemetery — DATE OF BURIAL, March 18, 191...

20-UNDERTAKER: Geo. H. Hooper — ADDRESS: 602 Little Rock

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93277

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C93277

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Birch

(Residence in Baltimore: No. 926 Aisquith St.; ....yrs. 8 mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 3rd (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 8 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Peter R. Birch

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Anna Herring

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Peter R. Birch.

(Address) 926 Aisquith St.

15- CHARLES M. SINCLAIR

Filed....., 191.....

MAR 18 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12th 1916, to March 17th 1916, that I saw him alive on March 16th 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

..... (Duration)....yrs.....mos..5...ds.

CONTRIBUTORY (Secondary) Asthenia

2..... (Duration).....yrs.....mos..1...ds.

(Signed) J. M. C. Parker M. D.

March 17th, 1916. (Address) 105 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 19, 1916.
20-UNDERTAKER	ADDRESS
Henry Koeck & Son	1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93278 C93278

CERTIFICATE OF DEATH.

61

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances A. Hoeck

Residence in Baltimore: No. 1235 E Eager St.; 5 yrs., 5 mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Sing'l OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, October 15, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Henry G. Hoeck

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Frances A. Ives

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry G. Hoeck

(Address) 1235 E Eager St

15-

Filed MAR 18 1916, 191.....

CHARLES N. SINCLAIR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8th 1916, to March 18th 1916, that I saw h[illegible] alive on March 9th 1916, and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

.....

Acute Cerebral Meningitis

Epidemic..... (Duration).....yrs.....mos. 9 ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) S W Lowe M. D.

March 18th 1916 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy | DATE OF BURIAL, March 20, 1916.

20-UNDERTAKER Henry Hoeck & Son | ADDRESS 1311 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

C93279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C93279

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD)

2-FULL NAME James J Bolton

(Residence in Baltimore: No. 624 Bartlett Ave St.; .....yrs. 44 mos. .....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, April 9, 1858
(Month) (Day) (Year)

7-AGE, 60 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... House 324

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER. James J Bolton

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Louisa Stumpf

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee D Bolton

(Address) 2120 Mt Royal Ave

15- Filed MAR 18 1916 CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1916, to Mar 17 1916, that I saw h*im* alive on Mar 17 1916, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

A Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 12 yrs. mos. ds.

(Signed) Ernest W G Ruppe M. D.

Mar 17, 1916 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 61 yrs. mos. ds.

Where was disease contracted, if not at place of death? 624 Bartlett Ave

Former or usual residence 624 Bartlett Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. | DATE OF BURIAL, Mar 20, 1916

20-UNDERTAKER Clark Thomas | ADDRESS 1742 Y Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93280 C93280

CERTIFICATE OF DEATH.

45

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hosp ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Weinberg

(Residence in Baltimore: No. 510 N. Gay Street St.: 31 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown — (Month) — (Day) 1858 (Year)

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor (Factory)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E. Baltor St

15-

Filed MAR 18 1916 CHARLES M. SINCLAIR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to March 17 1916, that I saw him alive on March 17 1916, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx & Pleurisy
Bronchitis ?

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. 1 ds.

(Signed) Louis Greer M. D.

March 24 1916. (Address) Hebrew Hosp Dis Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 20 ds. In the State 31 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 510 N. Gay St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herminim — DATE OF BURIAL, 3/19, 1916

20-UNDERTAKER Jack Lewis — ADDRESS E. Balto St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-19-13—M. & T.—500 Blks.

C93281

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93281

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 823 S. Paca ST.: 21 WARD)

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number and fill out No. (8.)

2-FULL NAME Aaron Jerome Gillis

(Residence in Baltimore: No. 701 Sharp St.: 1 yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write the word.*)
Male	White	Single

6-DATE OF BIRTH. August, 20, 1914
(Month) (Day) (Year)

7-AGE. 1 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Joseph Gillis

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Lena Dorman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Gillis

(Address) 701 Sharp St.

15- MAR 18 1916 CHARLES M. SINCLAIR.

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March, 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar- 12 1916, to Mar, 17, 1916, that I saw him alive on Mar, 17, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-
Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) yrs. mos. 21 ds.

(Signed) D Franklin M. D.

Mar-17, 1916. (Address) 122 W. ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mosh... Rd — DATE OF BURIAL, 3/19, 1916

20-UNDERTAKER Jack Lewis — ADDRESS E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

C93282 C93282

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1001 W. Baltimore ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Black

(Residence in Baltimore: No. 1001 W. Baltimore St.; 78 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Not known (Month) (Day) 1831 (Year)

7-AGE 82 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Germany.

PARENTS

10-NAME OF FATHER Mr. Gressler

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Kate A Black

(Address) 1001 W. Baltimor St.

15- MAR 18 1916 Filed ....., 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to, Mar 17 1916, that I saw h.er alive on Mar 17 1916, and that death occurred, on the date stated above, at 10 15 4 m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(Duration) 7 yrs 5 mos ds.

Contributory (SECONDARY) Senile debility & Senility

(Duration) yrs mos ds.

(Signed), C. Bernard Lemmert M. D.

Mar 17, 1916. [Address], 712 Eastern

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Mch 20 1916

20-UNDERTAKER: Jos B Cook & Co ADDRESS: 103 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

C93283 C93283

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 N. Lexington ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Joshua Sutch

(Residence in Baltimore: No. 2025 N. Lexington St.; ... yrs., 1 mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 4 (Day), 1859 (Year)

7-AGE, 56 yrs. 10 mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer & owner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, John Sutch

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Catherine Bowen

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F. E. Biddinger

(Address) 2025 N. Lexington St.

15- Filed MAR 18 1916, 191... CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 9 1916, to Mar 16 1916, that I saw him alive on Mar 16 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

Intoxication

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ... yrs. mos. 1 ds.

(Signed) H. E. Finkelman M. D.

Mar 16, 1916 (Address) 2002 N. Fex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olive Cem. Roslyn — DATE OF BURIAL, Mar 19, 1916

20-UNDERTAKER Jos B. Cook — ADDRESS 1003 W. Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93284

CERTIFICATE OF DEATH.

151 C93284

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Mulberry Ave St.; 20 WARD)

2-FULL NAME Baby of John and Elizabeth Cantwell

(Residence in Baltimore: No. 1908 Mulberry St.; ..... yrs. One mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, March 16, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or 1 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Cantwell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Hoy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Cantwell

(Address) 1908 Mulberry Ave

15-

Filed MAR 18 1916 CHARLES M. SINCLAIR.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 16 1916, that I saw h[illegible] alive on March 16 1916, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth (6½ mos)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M A O'Donnell M. D.

March 19, 1916. (Address) 108 N Bullitt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, March 18, 1916

20-UNDERTAKER J B Cook — ADDRESS 1003 W Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93285 C93285

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH 2316 E Preston St

CITY OF BALTIMORE (No. 2316 E Preston St.: 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August H. Frerie

(Residence in Baltimore: No. 2316 E. Preston St.: 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widower

6-DATE OF BIRTH: March 10, 1867 (Month) (Day) (Year)

7-AGE: 49 yrs. — mos. 7 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Relief Agent 525
(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R. R.

9-BIRTHPLACE (State or country): Frederick Md.

PARENTS

10-NAME OF FATHER: William Frerie

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Hollinger

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Georgia Carson

(Address) 2316 E Treston St.

15-

Filed MAR 18 1916 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 17, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to March 17 1916, that I saw him alive on March 17, 1916, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Kidney and Diabetis meletes

(Duration) 1 yrs. 9 mos. ds

Contributory (SECONDARY) Tuberculosis of Kidney

(Duration) 1 yrs. 3 mos. ds.

(Signed) A. D. Macdonald M. D.

Mar 17, 1916 (Address) 1540 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: Mch 19, 1916

20-UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93286 C93286

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Watkins

(Residence in Baltimore: No. 1712 Keyser St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor 243
(b) General nature of industry, business, or establishment in which employed (or employer): Building Wks.

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Oliver Watkins

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Annie Shaw

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver Watkins

(Address) 1712 Keyser St.

15- Filed MAR 18 1916 CHARLES M. SINCLAIR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1916, to March 16 1916, that I saw him alive on March 16, 1916, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 3 ds.

(Signed) H. C. Kleinsorge M. D.

3/16 1916 (Address) 641 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Same St. 16

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, Mar. [illegible], 1916

20-UNDERTAKER Harry A. Sodery ADDRESS 1726 E. Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C53287

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93287

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 S. Pulaski ST.; 20 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Catherine Fischer

(Residence in Baltimore: No. 16 S. Pulaski St.; 1 yrs., ... mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 4, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony W. Fischer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Shafer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony W. Fischer

(Address) 6 S. Pulaski St

15-

Filed MAR 18 1916, 191.. CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 17 1916, that I saw her alive on March 17 1916, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) M. A. O'Neill M. D.

March 17, 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 19 1916.

20-UNDERTAKER M. S. Finch — ADDRESS 1924 N. Robt St.

Spec.—8-24-14—M. & T.—2000 Blks.

C93288

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93288

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 E Madison ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Raboy

(Residence in Baltimore: No. 2310 E. Madison St.; 42 yrs., 5 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 7, 1873 (Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Glazier
(b) General nature of industry, business, or establishment in which employed (or employer) 324

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James Raboy.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Winifred Conroy.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Raboy

(Address) 2316 E. Madison St.

15-

Filed MAR 18 1916, 191.... CHARLES M. SINCLAIR.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1915, to March 18 1916, that I saw h[illegible] alive on March 18 1916, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

3/17/16 191... (Address) 523 N. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Hill Cemetery — DATE OF BURIAL, March 20, 191.6

20-UNDERTAKER Christian Milton — ADDRESS 2338 Huntingdon

C93289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C93289

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. John Hopkins Hospital ST.: ..... WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G. Stelling

(Residence in Baltimore: No. 712 N. Wolf St St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: January 4, 1840 (Month) (Day) (Year)

7-AGE: 76 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Shoe maker 471
(b) General nature of industry, business, or establishment in which employed (or employer): Cobbler

9-BIRTHPLACE (State or country): St Louis

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): U.S.A

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): U.S.A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George H Preston

(Address) John Hopkins Hospital

15- MAR 18 1916 CHARLES M. SINCLAIR.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 7, 1916, to, March 16 1916, that I saw h—m alive on March 16 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Septicaemia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Arteriosclerosis. Oral sepsis.

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed), George H Preston M. D.

March 16, 191 6. [Address] John Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 1 mos. 9 ds. In the State 70 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 712 N Wolf St Baltimore

Former or usual residence 712 N Wolf St Baltimore

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 19 16

20-UNDERTAKER: Wm T. Hedley — ADDRESS: 2012 E. Madison St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C93290

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93290

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2821 Remmington Ave 13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Brickhouse

(Residence in Baltimore: No. 2821 Remmington Ave St.; 25 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1878 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister of the Gospel
(b) General nature of industry, business, or establishment in which employed (or employer): Preaching the Gospel

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jacob Brickhouse

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Brickhouse

(Address) 2821 Remmington Ave

15-

Filed MAR 18 1916, 191.....

CHARLES M. SINCLAIR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to March 16 1916, that I saw h[illegible] alive on March 15 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Garnett Chappell M. D.

March 16, 1916 (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 3/18, 191.

20-UNDERTAKER, Paul Wade

ADDRESS, 578 Reed

C93291 C93291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 2719 Reece St. 9 WARD)

2 FULL NAME Mary Matilda Jones

(Residence in Baltimore: No. 2719 Reece St.; yrs. 1 mos. 15 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	single

6 DATE OF BIRTH 2-6-1916 (Month) (Day) (Year)

7 AGE ..... yrs. 1 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER C H Jones

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Rubby Hemperley

13 BIRTHPLACE OF MOTHER (State or country) State Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C H Jones

(Address) 2719 Reece St

15 Filed MAR 18 1916, 19.. CHARLES M. SINCLAIR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 16, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1916, to, March 14 1916.

that I saw h.. alive on March 14, 1916,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Marasmus.

(7 month ~~1st~~ premature birth)

(Duration) ..... yrs. 1 mos. 16 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C J Stricker Jr M. D.

March 19, 1916. (Address) 632 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL St Ingrys Hampden | DATE OF BURIAL March 17, 1916

20 UNDERTAKER Chenowith & Son | ADDRESS Chestnut Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93292

CERTIFICATE OF DEATH.

115

C93292

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Blazewicz

Residence in Baltimore: No. 218 S. Broadway St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... January ....., 1878.
(Month) (Day) (Year)

7-AGE, ... 38 ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Michael Blazewicz

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Benadicta ?

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madeleine Hardy

(Address) Johns Hopkins Hospital

15-

Filed MAR 18 1916 CHARLES M. SINCLAIR, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 17 1916, to March 18 1916, that I saw h.. alive on March 18 1916, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Abscesses of Liver

(Duration) ..... yrs. 2 mos. + ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. K. Knowles, M. D.

March 18 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 218 S Broadway

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	March 21, 1916.
20-UNDERTAKER	ADDRESS
John Zebliauskas	908 S Paca St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Lange

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93293 C93293

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Lange

(Residence in Baltimore: No. 509 W Lafayette Ave St.; 9 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 19, 1900 (Month) (Day) (Year)

7-AGE, 15 yrs. 6 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stock girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, J. Wm. Lange

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Horn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Wm. Lange

(Address) 509 W Lafayette Ave

15- MAR 18 1916 CHARLES M. SINCLAIR.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 15 1916, that I saw h[illegible] alive on March 15 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Md Edmondr M. D.

March 15 1916. (Address) Univ Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 509 W Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Com	March 19, 1916
20-UNDERTAKER	ADDRESS
Wm J Pickrell & Sons	Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C93294

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93294

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 111 Parkin St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Rusch.

(Residence in Baltimore: No. 111 S. Parkin St. St.; ..... yrs. 9/12 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March 17 (Month) ..... (Day), 1916 (Year)

7-AGE. About 10 min ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. William Rusch.

11-BIRTHPLACE OF FATHER (State or Country). Russia.

12-MAIDEN NAME OF MOTHER Annie Pejeska.

13-BIRTHPLACE OF MOTHER (State or Country). Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-MAR 16 1916 CHARLES M. SINCLAIR.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 17, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1916 to March 17 1916, that I saw him alive on March 17 1916, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. Wm. Lee M. D.

3/17, 191.. (Address) 875 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	MAR 18 1916, 191..
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93295

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C93295

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 527 N. Franklin St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Sheehan.

(Residence in Baltimore: No. 527 W. Franklin St. St.; 33 yrs. 3 mos. 23 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 22, 1882 (Month) (Day) (Year)

7-AGE: 33 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Thos H. Sheehan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sarah F. Connolly

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie H. Garland

(Address) 840 Edmondson Ave

15- MAR 18 1916 CHARLES M. SINCLAIR. Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to, March 16 1916, that I saw h.r alive on March 16 1916, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
(Mitral Insufficiency)

(Duration) ..... yrs. 3 mos. ..... ds.

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) ..... yrs. 1 mos. 4 ds.

(Signed), Irvin Eblaugh M. D.

March 17, 1916. [Address] 720 N. Howard

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: March 20 1916

20-UNDERTAKER: Henry W. Means & Son — ADDRESS: 805 N. Calvert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93296

CERTIFICATE OF DEATH.

170

C93296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S.W. Cor Fulton Ave and Franklin St ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Campbell Kirk.

(Residence in Baltimore: No. Home for the Aged of the M. E. Church St.; 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Hunter

11-BIRTHPLACE OF FATHER (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER June Thomson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of Supt of the Home

(Address) Fulton and Franklin St

15- MAR 18 1916 [illegible] Registrar.
Filed ....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 3 1916, to Mch 17 1916, that I saw her alive on Mch 16. 1916, and that death occurred, on the date stated above, at 1 40 p. m.

The CAUSE OF DEATH* was as follows:

Endo-carditis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 4 yrs. mos. ds.

(Signed) Geo C Shannon M. D.

Mch 18, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. 8 mos. ds. In the State 66 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, March 20 1916

20-UNDERTAKER George J. Smith — ADDRESS, 1200 Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93297

C93297

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St.; 18 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Hamilton

(Residence in Baltimore: No. 941 W. Fayette St. St.; 51 yrs., 0 mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS EXPENDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Mar 14, 1865 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 0 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, James D. Gosnell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Isabella Simpson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Hamilton Husband

(Address) Same

15- MAR 18 1916 Filed 191 ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 17 1916, to Mar 17 1916, that I saw h[illegible] alive on Mar. 17 1916, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Contusion of Abdomen

(Duration) 1 hr. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) Hours yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Mar 17 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 941 W Fayette St

Former or usual residence 941 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park	Mar. 22, 1916.
20-UNDERTAKER George J Smith	ADDRESS 1000 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

093298 104 093298

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1704 Lancaster St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Czekalski

(Residence in Baltimore: No. 1704 Lancaster St.; ..... yrs., 5 mos. 13 ds.)

N. B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Oct. 7, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): Orphan

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: Francis Czekalski

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Jadwiga Czechowska

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Czekalski

(Address) 1704 Lancaster

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed MAR 18 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 15 1916, that I saw h— alive on March 15 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

..... Acute Endo-

..... Acute gastro-Enteritis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wallerstein M. D.

March 18, 1916 (Address) 165 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Mar 17 191 6
20-UNDERTAKER William Fiaskowski	ADDRESS 168 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93299 **CERTIFICATE OF DEATH.** 120 C93299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 W.North Ave., ST.: 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mirian Abrams,

(Residence in Baltimore: No. 1911 W.North Ave., St.: 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White,	Widow,

6-DATE OF BIRTH, April (Month) 30th., (Day) 1841 (Year)

7-AGE, 74 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), England,

PARENTS.

10-NAME OF FATHER, Levi Samuels

11-BIRTHPLACE OF FATHER (State or Country), England,

12-MAIDEN NAME OF MOTHER Sophia Jacobs,

13-BIRTHPLACE OF MOTHER (State or Country), England,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A.Abrams,

(Address) 1911 W.North Ave.

15 MAR 18 1916 ROBERT J. KRAUTER, Registrar.
Filed ....., 191.. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th., (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1914, to Mar. 17 1916, that I saw her alive on Mar. 17 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Diffuse Nephritis,
Arteria Sclerosis, Cholelithiasis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. 3 mos. ds.

(Signed) R. C. Metzel M. D.

Mar. 17., 1916. (Address) 1903 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, Mch 19, 1916

20-UNDERTAKER Harris Sondheim — ADDRESS 19 Eutaw St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93300

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93200

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2643 Hafer ... ST.: 20 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Linsenmeyer

(Residence in Baltimore: No. 2643 Hafer St ... St.; 70 yrs. ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: November 30th (Month) (Day), 1845 (Year)

7-AGE: 70 yrs. 4 mos. 8 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Linsenmeyer

(Address) 2643 Hafer St

15-

Filed MAR 18 1916 CHARLES M. SINCLAIR, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to, March 17 1916, that I saw h-im alive on March 17 1916, and that death occurred, on the date stated above, at 3. a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs 5 mos. ... ds.

Contributory (SECONDARY): asthenia

(Duration) ... yrs ... mos. 7 ds.

(Signed) Asa L Wessels M. D.

March 18 1916 [Address] 2565 Fred. Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: London Park Cemty

DATE OF BURIAL: Mar 20 1916

20-UNDERTAKER: J B Hilpert

ADDRESS: 735 Druid Av

Spec.—8[illegible]-14—M. & T.—2000 Blks.

C93301

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93301

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2670 Wilkens ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis D Kroft

(Residence in Baltimore: No. 2670 Wilkins ave St.; 39 yrs., 6 mos. 18 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 28, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... own shop

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Martin Kroft

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Sturbitz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gena Kroft

(Address) 2670 Wilkens ave

15- MAR 18 1916 CHARLES M. SINCLAIR.

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to March 15 1916, that I saw him alive on March 15 1916, and that death occurred, on the date stated above, at 1205 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration).....yrs.....mos. 12 ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Martha A Cox M. D.

3-17, 191... (Address) Forrest Hill Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	March 17, 191...
20-UNDERTAKER	ADDRESS
F. B. Wehrfort	2238 Fulton Ave

C93302

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93302

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Francis St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Orrin S. Drake

(Residence in Baltimore: No. 2424 Francis St.; 63 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: May (Month) 7th (Day), 1852 (Year)

7-AGE: 63 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 966

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: O. S. Drake

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry L Drake

(Address) 2424 Francis St

15-

Filed MAR 13 1916 191.....

CHARLES M. SINCLAIR,
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 17th (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 14, 1915, to, March 17 1916, that I saw h.m alive on March 17 1916 and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. 1 mos. 3 ds.

(Signed), J. A. Mellum M. D.

March 18, 1916. [Address] 1303 W. Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Freedom Pa. DATE OF BURIAL: March 20th, 1916

20-UNDERTAKER: Graham & Walker ADDRESS: 23 W. Lafayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 N Bethel St.: 6 WARD)

REGISTERED No. C 189

2-FULL NAME Lessie Kelly

(Residence in Baltimore: No. 420 N Bethel St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Unknown

C93303

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE. about 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic Servant
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lulie Washington

(Address) 420 Bethel

15-

Filed MAR 18 1916 CHARLES M. SINGLAIR. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elias L. Russell M. D. (Coroner.)

March 18, 1916 (Address) 1162 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, March 18, 1916

20-UNDERTAKER Mrs. J. T. Locke

ADDRESS 130 Jefferson St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93304

28 C93304 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 518-W-27 St. St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lennie V. Jones.

(Residence in Baltimore: No. 518-W-27 St. St.: 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Apr. 19 (Month) (Day), 1895 (Year)

7-AGE: 20 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Virginia.

PARENTS

10-NAME OF FATHER: Jackson Mills

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Maggie Cameron

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gladys Mills.

(Address) 2713 Huntingdon Ave.

15. Filed MAR 19 1916 ROBERT J. KRAUSE Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 18 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1916 to Mar 18 1916.
that I saw her alive on Mar 17, 1916.
and that death occurred, on the date stated above, at 5:20 P.M.
The CAUSE OF DEATH* was as follows:

Pneumonia
Interstitial ?

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roscoe H. Goodrich M. D.

Mar 18, 1916. (Address) 2138 Harlem Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frontal Royal Va. DATE OF BURIAL: March 19, 1916

20-UNDERTAKER: Townsend & Son ADDRESS: Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

093305 HEALTH DEPARTMENT—CITY OF BALTIMORE 093305

CERTIFICATE OF DEATH.

105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 E Monument ST.; 7 WARD)

2-FULL NAME William Stewart

Residence in Baltimore: No. 1642 E Monument St.; ....yrs., 2½ mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... unknown ....., 1910
(Month) (Day) (Year)

7-AGE. ....6....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Stewart

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary Brafton

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Buttler

(Address) 1642 E. Monument St

15- Filed MAR 19 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to Mar 16 1916, that I saw h[illegible] alive on March 16 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative colitis

Marasmus

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs.....mos.....ds.

(Signed) Edward D Jenkins M. D.

March 16, 1916. (Address) 1642 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State ....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, March 19th, 1916

20-UNDERTAKER, Wm. J. Jenkins — ADDRESS 1241 Madison St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93306

CERTIFICATE OF DEATH.

37 C93306

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Central ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Wainwright

(Residence in Baltimore: No. 616 N. Central St.; ....yrs., ...mos. Life ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH, March 5, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 12 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, Earnest Wainwright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hetta Young

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray Jr. M.D.

(Address)

15- FILED MAR 19 1916 ROBERT P. KRAUTHER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 16 1916, that I saw h[illegible] alive on March 15 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia (Hypostatic)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John G. Murray Jr. M. D.

....., 19.... (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodberry	March 19 1916
20-UNDERTAKER John W. Henderson	ADDRESS 814 E. Baltimore

Spec.—3-24-14—M. & T.—2000 Bks.

C93307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93307

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Druid Hill Ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Barney

(Residence in Baltimore: No. 826 Druid Hill Ave St.: 16 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... December ....., 1848.
(Month) (Day) (Year)

7-AGE, 68 yrs. — mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Barney

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hotgwin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Phillips

(Address) 826 Druid Hill Ave

15-Filed MAR 19 1916, 191.. ROBERT J. KRAUTER, Assistant Vital Statistics Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1915, to Mar 16 191.. that I saw h.. alive on Mar 16 191.. and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows:

1a Cardiac Asthma

.....

.....

1b Lobar (Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Edward Short M. D.

3/16, 191.. (Address) 812 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 19 1916
20-UNDERTAKER John H Todd	ADDRESS 142 N Mich St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

118 Athenaeum St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93308

CERTIFICATE OF DEATH.

91 C93308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Herdin

(Residence in Baltimore: No. 1070 Granby St.; 1 yrs., 4 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ... June (Month) ..... 1 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Joseph Herdin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Yetta Millman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... J Lewis

(Address) ..... 1419 E Balto St

15- Filed MAR 19 1916 ..... 191... ROBERT . KRAUTER Registrar. Current Form at Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 18 1916, that I saw h[illegible] alive on March 18 1916, and that death occurred, on the date stated above, at 4 20 m.

The CAUSE OF DEATH* was as follows:

..... Bronchopneumonia .....

..... (Duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Morris Astrow ..... M. D.

3/18, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1070 Granby st.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Hebrew Mt Hamel	3/19, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E Balto st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93309 C93309

28

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. High ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris OKun

(Residence in Baltimore: No. 107 S. High st St.; 5 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, March — (Month), — (Day), 1876 (Year)

7-AGE, 40 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Jobber in [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer)..... Burlap Bags

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac OKun

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Levis

(Address)..... 1419 E Balto St

15- MAR 19 1916 Filed....., 191.....

ROBERT . KRAUSE, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 16 1916, that I saw h[illegible] alive on March 16 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 2 yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) 1 yrs. 1 mos. 10 ds.

(Signed) Joseph E Gichner M. D.

March 18 191 6 (Address) 1816 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Workmen circle	3/19, 1916
20-UNDERTAKER Jno. Conners & Jack Levis	ADDRESS E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93310 93310

CERTIFICATE OF DEATH.

5 - 132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Davis

(Residence in Baltimore: No. 510 East St. St.; 5 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	Black	Married

6-DATE OF BIRTH. Mar 2, 1887. (Month) (Day) (Year)

7-AGE, 27 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Cat Home

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Peter Davis

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Rebecca Sneed

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Baltimore Md

15- Filed MAR 19 1916 ROBERT . KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7 1916, to Mar 14 1916, that I saw h[illegible] alive on Mar 14 1916, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis with exhaustion

Edward Adkins

(Duration) Did not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. ds.

(Signed) Edward J. Quick M. D.

Mar 19, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? 510 East St.

Former or usual residence 510 East St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 21, 1916
20-UNDERTAKER Robert A Elliott	ADDRESS 500 East St

Spec.—8-24-14—M. & T.—2000 Blks.

C93311

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93311

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 East ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariah Crosby

(Residence in Baltimore: No. 515 East St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Widow

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ....., 1 ..... (Year)

7-AGE,	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Lotha Elliott

(Address) 506 East Pr

15- MAR 19 1916 ROBT. J. KRAUSE, Burial Permit Clerk.

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Mar 16 1916, that I saw h.. alive on Mar 16 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

12 hrs (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

Duration) ... yrs. ... mos. ... ds.

(Signed) J. Edward Fenton M. D.

Mar 17, 191... (Address) 1612 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 20, 1916.

20-UNDERTAKER	ADDRESS
Robert A Elliott	506 East Pr

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

93312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C93312

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 712 N. 34th. St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Fickes.

(Residence in Baltimore: No. 712 N. 34th. St.; Life ....yrs.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 29, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk, PO
(b) General nature of industry, business, or establishment in which employed (or employer): Post Office

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, James R. Fickes

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Barbara Hogans

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora A. Fickes

(Address) 712 N. 34th St.

15-Filed MAR 19 1916, 191.....

ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/12 1916, to Mar 17 1916, that I saw him alive on Mar 12 1916, and that death occurred, on the date stated above, at 7-05 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4-5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) Henry Russell, M. D.

3/18, 1916 (Address) West Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, March 19, 1916

20-UNDERTAKER Horace Burgee & Son

ADDRESS 3631 Fall Rd.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93313 C93313

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Druid Hill Ave. St. 13 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Shanck.

(Residence in Baltimore: No. 1323 Working ave. St.; abt 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 9 (Day), 1861 (Year)

7-AGE, 54 yrs. 4 mos. 9 da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mill

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, W. Shanck

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER R. C. Myers

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Peter Shanck

(Address) 1323 Working ave.

15- FILED MAR 19 1916, 191. ROBERT . KRAUTH, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, mar (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cor Lobi Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry E. Myers M. D. (Coroner)

May 17 1916 (Address) 3644 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	March 20
20-UNDERTAKER, Horace Burgee & Son	ADDRESS 363 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93314

CERTIFICATE OF DEATH.

92

C93314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 West ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Crawford

(Residence in Baltimore: No. 1240 W Pratt St.; 60 yrs., 8 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. July 10, 1855 (Month) (Day) (Year)

7-AGE. 60 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lineman
(b) General nature of industry, business, or establishment in which employed (or employer): B&O Railroad

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Crawford

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Crawford

(Address) 1240 W. Pratt st

15- Filed MAR 19 1916, 191.. ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 17, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 1916, that I saw him alive on March 16 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas J Moore M. D.

March 17, 1916. (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. March 19th, 1916.

20-UNDERTAKER. John J Fields

ADDRESS 1200 N Gilmor st

C93315

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93315

1 PLACE OF DEATH — REGISTERED No. C 91

CITY OF BALTIMORE: (No. 1310 Kuper Place St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard J. Sweeney

(Residence in Baltimore: No. 1310 Kuper Place St. 2 yrs. 0 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Feb 26 (Month), (Day), 1914 (Year)

7-AGE: 2 yrs. — mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto city

PARENTS

10-NAME OF FATHER: William Sweeney

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Catherine Stallings

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sweeney

(Address) 1310 Kuper Place

15- Filed MAR 19 1916, 191 — ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 18 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 7th, 1916, to, Mar 18th 1916, that I saw h.. alive on March 18 1916, and that death occurred, on the date stated above, at 2.45 A.M.

The CAUSE OF DEATH* was as follows:

Convulsions (Coma)

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed), Mrs J. F. Blayney M. D.

Mar 18th 1916 [Address] 1108 E. Belvedere

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park cemetery — DATE OF BURIAL: March 20, 1916.

20-UNDERTAKER: John J. Fields — ADDRESS: 120 W. Lombard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 93316 — 92 — C 93316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Hoffman St.; 17 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Watson Coleman

(Residence in Baltimore: No. 504 N. Hoffman St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 18 46 (Year)

7-AGE, ... 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Paid Employee

9-BIRTHPLACE. (State or Country), Northampton Co Va

PARENTS.

10-NAME OF FATHER, Ambrose Coleman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Matilda Bantz

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Thomas

(Address) 504 N Hoffman

15- Filed MAR 19 1916, 191.. ROBERT J. KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1916, to mar. 16 1916, that I saw him alive on mar. 16 1916, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ..... Toxemia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno. H. Tompkins M. D.

Mar 17 1916. (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	19 ....., 1916
20-UNDERTAKER	ADDRESS
Samuel L Hemsley	578 N Bond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93317 — 10 — C93317

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 2622 Mc Elderry ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph H. T. Watson

(Residence in Baltimore: No. 2622 Mc Elderry St.: 65 yrs. 10 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White	Widower

6 DATE OF BIRTH April 23, 1850 (Month) (Day) (Year)

7 AGE 65 yrs. 10 mos. 27 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Watchman of bldg
(b) General nature of industry, business, or establishment in which employed (or employer): 302

9 BIRTHPLACE (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robt. Watson.

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Mooney

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Hunt.

(Address) 2622 Mc Elderry

15. Filed MAR 19 1916, 191... ROBERT . KRAUTH REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1916, to Mar 16 1916.

that I saw h-im alive on Mar 16, 1916.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1 La Grippe

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) General break-down

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Geo F. Taylor M. D.

Mar 18, 1916 (Address) 1252 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	3/19, 1916.
20 UNDERTAKER	ADDRESS
J. H. McCully	39 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93318 C93318

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1903 Eastland Ave ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Pasek

(Residence in Baltimore: No. 1903 Eastland Ave. St.; 30 yrs., ... mos., ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED.
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) Known (Day), 1 (Year)

7-AGE, 50 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor (At Home)
(b) General nature of industry, business, or establishment in which employed (or employer) Coat ...

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Pasek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Katerina Slava

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Pasek

(Address) 1903 Eastland Ave

15 MAR 19 1916 Filed ..., 191... KOHART . KRAUTHOFF, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 19th 1916, that I saw h.m alive on March 17th 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Catarrhal)

Superinduced by Grip

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Grip

(Duration) ... yrs. ... mos. 8 ds.

(Signed) Thomas D. Dunnan M. D.

March 18th, 1916. (Address) 925 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, May 21, 1916

20-UNDERTAKER Frank Enoch & Son

ADDRESS 1706 Eastland Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93319 C93319

CERTIFICATE OF DEATH.

120

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Upton ST.: 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Oliver Owens

(Residence in Baltimore: No. 1325 Upton St.; 5 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 12 (Day), 1875 (Year)

7-AGE, 41 yrs. — mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer): 485

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Owens

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Smith

(Address) 1325 Upton St.

15- MAR 19 1916 ROBERT J. KRAUTH

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to March 18 1916, that I saw h in alive on March 17 1916, and that death occurred, on the date stated above, at 7-15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis,

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul Brown M. D.

Mar. 18, 1916 (Address) 1837 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, March 20, 1916

20-UNDERTAKER, James E. Wright — ADDRESS 124 Main St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93320 C93320

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 W. Stricker ST.; 15 WARD)

2-FULL NAME Geneva Lucille Tasker

(Residence in Baltimore: No. 1331 W. Stricker St.; ....yrs.. 5 mos. 17 ds.)

REGISTERED No. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Sept. (Month) 28 (Day), 1915 (Year)

7-AGE, ... yrs. 5 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John H. Tasker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Belle Adams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Belle Tasker

(Address) 1331 W. Stricker St.

15- Filed MAR 19 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 16 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1916 to March 15 1916, that I saw her alive on March 15 1916, and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Ingram M. D.

Mar. 18, 1916 (Address) 1507 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W. Auburn	March 19, 1916
20-UNDERTAKER	ADDRESS
Jno. H. Close Son	Woodlawn

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93321) 79 (93321)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 600 N. Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Karrer

(Residence in Baltimore: No. 600 N. Fulton Ave St.; Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec. 20, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not any.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Philip Lammers

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Schafer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Lammers

(Address) 634 Mulberry St.

15- MAR 19 1916 ROBERT P. KNOTEK, Registrar.
Burial Permit Clerk.
Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 17th 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1912, to Mar 17th 1916, that I saw her alive on Mar 17th 1916, and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart (Tricuspid) with insufficiency

(Duration) about 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) yrs. 5 mos. ds.

(Signed) E. H. Lammers M. D.

Mar. 17, 1916 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Detroit Michigan	Mch 20, 1916
20-UNDERTAKER Nancy W. Ehlen	ADDRESS 1944 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C933322 — 80 — C933322

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Western Police Station ST., 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward N. Lucke

(Residence in Baltimore: No. 2730 Edmondson St.; yrs. 9/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 30, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): (City) 725

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie Lucke

(Address) 2730 Edmondson Ave

15- MAR 19 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. F. Jeffers M. D. (Coroner)

March 17, 1916 (Address) 224 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cathedral	March 20, 1916
20-UNDERTAKER	ADDRESS
F. R. Krause	783 Hanover St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 93323

59

C 93323

REGISTERED No. C .....

1-PLACE OF DEATH E.

CITY OF BALTIMORE (No. 1101 Federal ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Potter

(Residence in Baltimore: No. 1101 Federal St.; yrs. 64 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 1st (Day), 1848 (Year)

7-AGE, 67 yrs. 9 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William V. Hopper

(Address) 1731 Hayford Ave

15- FILED MAR 19 1916 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar L. Russell M. D. (Coroner.)

March 14th, 1916 (Address) 15 E. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery	Mar 20, 1916
20-UNDERTAKER Robert Garner	ADDRESS 1418 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93324 — 10 — C93324

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Park Ave, ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Chester Wood

(Residence in Baltimore: No. 2034 Park Ave St.; 13 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 19 14, 1829.
(Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 29 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Patent Attorney
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 76

9-BIRTHPLACE, (State or Country), Rhode Island

PARENTS.

10-NAME OF FATHER, Austin S. Wood

11-BIRTHPLACE OF FATHER (State or Country), R. I.

12-MAIDEN NAME OF MOTHER Maria Hathaway

13-BIRTHPLACE OF MOTHER (State or Country), R. I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida M. C. Wood

(Address) 2034 Park Ave.

15- MAR 19 1916 Filed....., 191.....

ROBERT KRAUTH, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 16 1916, that I saw him alive on March 16 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as followa:

Cystitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. C. Eichelberger M. D.

Mch 19, 1916 (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Arlington National Cemty. DATE OF BURIAL, Mch 22 1916.

20-UNDERTAKER E. M. Mitchell & Co. ADDRESS 124 W. Fayette.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93325 104 93325

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2211 Wintersing Court ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Leo Kroppel

(Residence in Baltimore: No. 2211 Wintersing Court St.: yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 28th, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John Kroppel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rosie Simisco

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kroppel

(Address) 2211 Wintersing Court

15- ROBERT F. KRAUTER
Filed MAR 19 1916 191.....
Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest find that said deceased came to h.. death
(Inquest, autopsy or inquiry.)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. W. Jones (Coroner.) M. D.

Mch 18th, 1916. (Address) 311 S. O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, March 19th, 1916

20-UNDERTAKER Lilly & Feith ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93326

CERTIFICATE OF DEATH.

28

C93326

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Bradford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Sampson

(Residence in Baltimore: No. 617 N. Bradford St.; 10 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day), 1872 (Year)

7-AGE, 43 yrs. 10 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jackson Sampson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Buice

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Sampson

(Address) 617 N. Bradford St

15- Filed MAR 19 1916, 191.....

ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Mar 16 1916

that I saw h.. alive on Mar 1 1916,

and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. E. Rosdon M. D.

Mar 17, 1916 (Address) 1904 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Mar 19, 1916
20-UNDERTAKER	ADDRESS
Wilson Dare	1608 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93327) (93327)

CERTIFICATE OF DEATH.

129 REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Woman's Hospital ST.; 15 WARD)

2-FULL NAME Mrs Selma B. Euler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2500 Garrison Ave St.; 30 yrs., 1 mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS SPACE FOR OFFICIAL USE ONLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 1, 1886 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
30 yrs. 1 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt., Md

PARENTS.

10-NAME OF FATHER, Mr. Louis Becker

11-BIRTHPLACE OF FATHER (State or Country), Balt., Md

12-MAIDEN NAME OF MOTHER Mrs Christiana Rasch

13-BIRTHPLACE OF MOTHER (State or Country), Balt., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Andrews

(Address) Woman's Hosp.

15- Filed MAR 19 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 18 1916, that I saw her alive on March 18 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis following Operation for Removal of Uterus Fibroid - Pregnancy 4 months

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Abortion following Operation

(Duration) yrs. mos. 24 ds.

(Signed) John M. F. Bergland M. D.

March 18 191.6. (Address) 4 W. Lt Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 30 yrs. 1 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2500 Garrison Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	March 21st, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1128 E Monument

C93328

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93328

91

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 127 S Robinson St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie M. Hansen

(Residence in Baltimore: No. 127 S. Robinson St.; yrs. 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Dec 12th 1915
(Month) (Day) (Year)

7-AGE ..... yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Frederick C. Hansen

11-BIRTHPLACE OF FATHER (State or country) Balto. Md.

12-MAIDEN NAME OF MOTHER Mary D. Kastner

13-BIRTHPLACE OF MOTHER (State or country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary D. Hansen

(Address) 127 S. Robinson St.

15- ROBERT J. KRAUTER
Filed MAR 19 1916 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 18th 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14th 1916, to, March 18 1916,
that I saw her alive on March 18 1916,
and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Asthema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), L. M. C. Parker M. D.

March 18th 1916 [Address] 1051 Auzerais St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: Mar. 20th 1916

20-UNDERTAKER: John A Moran — ADDRESS: Bank & Arch Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Maria Casey

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93329 C93329

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E Oliver ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Casey

(Residence in Baltimore: No. 1106 E Oliver St.; 70 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, July (Month) 16 (Day), 1845 (Year)

7-AGE, 70 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, John Fleming

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Casey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J A Moran

(Address) Bank & Ann Sts

15- MAR 19 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 17th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to Mar 17 1916, that I saw her alive on Mar 16 1916, and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) years yrs. mos. ds.

(Signed) J. J. Kirby M. D.

Mar 18, 1916 (Address) 110 E Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Mar 20, 1916

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann

C93330

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93330

64

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1709 Guilford Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank N. W. Smith

(Residence in Baltimore: No. 1709 Guilford Ave. St. 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June (Month) 23 (Day), 1851 (Year)

7-AGE: 64 yrs. 8 mos. 25 ds. If LESS than 1 day ~~....hrs.~~ or ~~....min.~~?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer): Grain business

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: M. J. Smith.

11-BIRTHPLACE OF FATHER (State or country): France

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. D. Smith

(Address) 1709 Guilford Ave

MAR 19 1916 Filed ....., 191.... ROBERT . KRAUER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August, 1914, to March 17 1916, that I saw him alive on March 17, 1916, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral
Apoplexy

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) General Paralysis,

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Wm. Granton M. D.

3/18, 1916. (Address) 1925 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar 21, 1916.

20-UNDERTAKER: John A Moran & Son — ADDRESS Bank

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93331 93331

8 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 63 Hubbard Court St.; 10 Ward)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jones

(Residence in Baltimore: No. 63 Hubbard Court St.; yrs. 9/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March 24, 1879 (Month) (Day) (Year)

7-AGE: 36 yrs. 11 mos. 23 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Paid Occupation
(b) General nature of industry, business, or establishment in which employed (or employer): Home work

9-BIRTHPLACE (State or country): Halte city Md

PARENTS

10-NAME OF FATHER: Samuel Snowden

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Alice Hebron

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Snowden

(Address) 1717 Barnes St

15- Filed MAR 19 1916 191.. ROBERT . KRAUTH Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1916, to March 18 1916, that I saw her alive on March 16, 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) X yrs. X mos. 7 ds

Contributory (SECONDARY) Lobular Pneumonia

(Duration) V yrs. 1 mos. X ds.

(Signed) Jas L. Finan M. D.

March 19, 1916 (Address) 248 So Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury Cemetery | DATE OF BURIAL: Mar 21, 1916

20-UNDERTAKER: Thos G Bailey | ADDRESS: 647 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

C93332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 91 C93332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Lee

(Residence in Baltimore: No. 518 Prince St St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, February 9, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Eugene Lee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), District of Columbia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 19 1916 ROBERT KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 19 1916, that I saw her alive on March 19 1916, and that death occurred, on the date stated above, at 1 45 a.m.

The CAUSE OF DEATH* was as follows:

a Alimentary Intoxication
with acidosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. 1 mos. ds.

(Signed) Kenneth J. Mackay M. D.

March 19 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 518 Prince St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cemetery	March 20 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	1118 N Gay St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93333 C93333

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Jordan Alley ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Fulton

(Residence in Baltimore: No. 919 Jordan Alley St.; ....yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 2nd, 1884.
(Month) (Day) (Year)

7-AGE, 31 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook & General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Homework

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Jerrid Fulton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Harris

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Harris

(Address) 919 Jordan

15- MAR 19 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1915, to March 1916, that I saw h[illegible] alive on March 16 1916, and that death occurred, on the date stated above, at 3 1/2 m.

The CAUSE OF DEATH* was as follows:

(a) .....
(b) Tuberculosis Pulmonalis
(c) .....
(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY.....
(Secondary)
(Duration) yrs. mos. ds.

(Signed) G. E. Thorn M. D.
3.18.16 191... (Address) 827 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauel Cemetery

DATE OF BURIAL, March 22 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 1118 N Gay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

98334

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

98334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3915 Liberty Heights Avenue, ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvire Leftridge,

(Residence in Baltimore: No. 1446 N. Mount street, St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, ...Unknown,...., /.... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....64....yrs....?....mos....?....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Cook, private 876
(b) General nature of industry, business, or establishment in which employed (or employer).....families,

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Thomas Smith,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Anthony, friend,

(Address) 1446 N. Mount street.

15- MAR 20 1916 Filed....., 191.... HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March....17th., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Pulmonary haemorrhage,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis,

..... (Duration) 2 yrs. mos. ds.

(Signed) F. Frederick Kempel M. D. (Coroner.)

Mar. 18th 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery,	Mar. 20, 1916
20-UNDERTAKER	ADDRESS
Felix B. Tye.	102 E Widlen ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C93335 C93335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Collins

(Residence in Baltimore: No. 628 Stirling St St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York ?

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-Filed MAR 20 1916 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 18 1916, that I saw h[illegible] alive on March 18 1916, and that death occurred, on the date stated above, at 7 55 a. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

(Duration) 3 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial insuff

(Duration) [illegible] yrs. 6 mos. [illegible] ds.

(Signed) Paul H. Clough M. D.

March 18, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 628 Stirling St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary — DATE OF BURIAL, Mar. 21, 1916.

20-UNDERTAKER Edward V. Pye. — ADDRESS 4 W Winters ave Catons.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93336 C93335

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N. Milton Ave. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Engel.

(Residence in Baltimore: No. 947 N. Milton Ave: St.: 68 yrs., 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Aug. 22nd (Month) ....., 22 (Day), 1847 (Year)

7-AGE, 68 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman 702
(b) General nature of industry, business, or establishment in which employed (or employer)..... N. E. Elevator No 2

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Barthel

(Address) 147 N. Milton Ave.

15- Filed MAR 20 1916, 191.... HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1916, to March 18th 1916, that I saw him alive on March 18th 1916, and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Apoplexy .....

..... (Duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar L. Russell M. D.

March 18, 1916. (Address) 156 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	March 21st 1916.
20-UNDERTAKER	**ADDRESS**
Lilly-Zeiler	423 S. Wolfe

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93337 — 91 — C93337

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Winfielder

(Residence in Baltimore: No. 745 S. Decker Ave. St.; 55 yrs., 6 mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 20th, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Franz Hamberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigunda Leitsch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam L. Winfielder

(Address) 745 S. Decker Ave.

15- Filed MAR 20 1916, 191.... HARRY O. ANDREWS, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 16 1916, that I saw h[er] alive on March 16 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular.

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Otto J. Pentzdt M. D.

March 16, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 745 S. Decker Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	March 20th, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 708 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93338 C93338

CERTIFICATE OF DEATH.

8 170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Woodbrook Av ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nicholas Hoffman

(Residence in Baltimore: No. 2539 Woodbrook Av St.; 62 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED.~~ (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, September 12, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 6 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gov.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Hewett

(Address) 2537 Woodbrook ave

15- Filed MAR 20 1916, 191.... HARRY O ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1916, to Mch 18 1916, that I saw h.. alive on March 17 1916, and that death occurred, on the date stated above, at 4:05 A. m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia + Nephritis
Irregular Cardia + Oedema
of Limbs Apoplexy.

(Duration) ..... yrs. ..... mos. 7 ds. Hemiplegia

CONTRIBUTORY (Secondary) Interstitial Nephritis + Senile Infirmities (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Cannon M. D.

Mch. 18, 1916. (Address) 1207 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Dalto Cem	March 20, 1916.
20-UNDERTAKER	ADDRESS
Lowe Cook	502 E Hall

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93339 C93339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405 Greene St.: 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Elliott

(Residence in Baltimore: No. 405 Greene St.; yrs., 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1871 (Year)

7-AGE, 45 yrs. — mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Louis Elliott

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kate Krebs

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Krebs

(Address) 523 Wyeth St

15-

Filed MAR 20 1916 191.... HARRY O ANDREWS, BAPTIST PERSON CLERK Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. Potter M. D.
(Coroner.)

March 19, 1916. (Address) 242 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, March 20, 1916.

20-UNDERTAKER Wm Cook — ADDRESS, 502 E Northern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93340 152 C93340

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 34 E Barnes St.; 23 WARD)
2-FULL NAME Chas F. Steinbock
(Residence in Baltimore: No. 34 E Barnes St.; ...yrs., ...mos. ...ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Mar (Month) 19 (Day), 1916 (Year)
7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 15 min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....
9-BIRTHPLACE, (State or Country), Balto City

PARENTS.
10-NAME OF FATHER, Chas F Steinbock
11-BIRTHPLACE OF FATHER (State or Country), Balto
12-MAIDEN NAME OF MOTHER Cath L Lynch
13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Chas F Steinbock
(Address) 34 E Barnes

15- MAR 20 1916
Filed....., 191.....
HARRY O ARCHER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/19 1916, to 3/19 1916, that I saw h[illegible] alive on 3/19 1916 and that death occurred, on the date stated above, at 7.31 a. m.

The CAUSE OF DEATH* was as follows:

Dysentery 5 hours
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Large Fontanel
(Duration) ...yrs. ...mos. ...ds.

(Signed) D. D. Sullivan M. D.
3/19, 191.. (Address) 1427 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery
DATE OF BURIAL, March 20th, 1916
20-UNDERTAKER D & M Flynn
ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93341 C93341

CERTIFICATE OF DEATH.

134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.) 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie McNamara

(Residence in Baltimore: No. 217 N. Belnord Ave St.; 15 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White	married

6-DATE OF BIRTH, June 4, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 9 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. Reynolds

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Margaret Conelley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- MAR 20 1916 Bureau of Vital Statistics

Filed ....., 191. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 18 1916,
that I saw her alive on March 18 1916,
and that death occurred, on the date stated above, at 1 45 a.m.
The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis
Self induced Abortion
(Duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (Secondary) Pneumonia Bronchio
(Duration) ..... yrs. ..... mos. 2-3 ds.

(Signed) H. Baker M. D.
March 18, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 217 N. Belnord Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Catherdal Cemetery	March 21st, 1916.
20-UNDERTAKER	ADDRESS
D & M. G. Flynn	1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C93342

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93342

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Green

(Residence in Baltimore: No. 713 Cleveland St ST.; —yrs.,—mos.—ds.)

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, Sept 20, 1867. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
48 yrs. 5 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Lee

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mc Kenzie

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kendall Green

(Address) Calvert St

15-

Filed MAR 20 1916, 191... [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 17 1916, that I saw h[illegible] alive on March 17 1916 and that death occurred, on the date stated above, at 12:20 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Exhaustion and Mitral Insufficiency

..... (Duration) Days yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) Edward D. Trunk M. D.

March 18, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 713 Cleveland St

Former or usual residence 713 Cleveland St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Auburn	March 20, 1916.

20-UNDERTAKER	ADDRESS
John J Cowan & Co	901 Holliday St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93343 — 28 — C93343

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 McDonough ST.; 7 WARD)

2-FULL NAME Joseph Edward Thiem

(Residence in Baltimore: No. 1021 McDonough St.;

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out (No. 18.)

yrs., 2 mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPERATIVE.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 10, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass Finisher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wenk Thiem

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Henry Fisher

(Address) 409 N. Port St

15- Filed MAR 20 1916, 191. MARK O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1916, to March 18 1916, that I saw h im alive on March 17 1916, and that death occurred, on the date stated above, at 8 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

(Signed) Edward A Loos M. D.

3/18, 1916. (Address) 1413 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Mar. 21, 1916
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93344 113 C93344

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2626 St Benedict ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Strube

(Residence in Baltimore: No.) 2626 St Benedict St.; Life time

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH June 22 (Month) (Day) 1858 (Year)

7-AGE, 57 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Strube

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Meisel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret Strube

(Address) 2626 St Benedict St

15- Filed MAR 20 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1915, to March 17 1916, that I saw him alive on March 17 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cirrhosis of the Liver (Duration) ....yrs. 5 mos. ....ds.

(Signed) J. B. Joyce M. D.

March 21 1916 (Address) 1800 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cy DATE OF BURIAL, MAR 20 1916

20-UNDERTAKER Geo. A. Lerbig ADDRESS Baltimore Md

N.B.—Every item of information should be carefully stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93345 64 C93345

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 N Patterson Park Ave ST.: 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Emmart

(Residence in Baltimore: No. 1001 N Patterson Park Ave St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, April 10th, 1844.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 11 mos. 7 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Emmart

(Address) 2021 E. Preston St

15-

FILED MAR 20 1916 191.... HARRY O ANDREWS
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Edwin T Carson M. D.
(Coroner.)

March 17th, 1916 (Address) 1111 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem.	March 22 1916.

20-UNDERTAKER	ADDRESS
Jim Cook	502 E North Ave

C93346

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C93346

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Retreat ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Butcher

(Residence in Baltimore: No. 1522 Retreat St.; 28 yrs. — mos. — ds.)

MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6-DATE OF BIRTH: ~~March~~ Nov. 23 (Month), (Day), 1847 (Year)

7-AGE: 68 yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 243

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Geo Butcher

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Gambil

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mrs Butcher

(Address) 1522 Retreat ave.

15- Filed MAR 20 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 18th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 18th, 191..., to, Mar 18 1916, that I saw h... alive on Mar 8 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Apoplexy (Hem. of brain)
Paralysis

(Duration) ..... yrs ..... mos. 6 hrs.

Contributory (SECONDARY) Stopping of Heart action due to pressure on brain. (Duration) ..... yrs ..... mos. 6 hrs. ds.

(Signed), E A Schmick M. D.

Mar 19 1916 [Address] 1605 N Monroe Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 21 191 6

20-UNDERTAKER: W. H. Little — ADDRESS: 33 N. Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93347

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5730 Ford ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Romney (Rousey)

(Residence in Baltimore: No. 5730 Ford St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: ..... 1877 (Month) ..... (Day), 1 (Year)

7-AGE: 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John H. Gomick

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Hester Wilson

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lankerman

(Address) 5730 Ford St.

15- MAR 20 1916 DEPT. OF HEALTH,

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 8th 1916, to March 18 1916, that I saw h— alive on March 15 1916, and that death occurred, on the date stated above, at 8 44 m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Phthisis

..... (Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. ... mos. ... ds.

(Signed) H. Lee Ellis M. D.

3/20, 191.. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	March 21th, 1916.
20-UNDERTAKER	ADDRESS
J. W. Chase & Son	1400 Mosher st

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93348

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93348

CERTIFICATE OF DEATH

78

1 PLACE OF DEATH Baltimore, Md.,

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2906 Huntingdon Ave., ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Virginia Williams,

(Residence in Baltimore: No. 2906 Huntingdon Avenue ✕ 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	married

6 DATE OF BIRTH October 8th (Month) (Day), 1859 (Year)

7 AGE 56 yrs. 5 mos. 11 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country) ✕ Carroll County Md

PARENTS

10 NAME OF FATHER Solom Burns.

11 BIRTHPLACE OF FATHER (State or country) ✕ Germany

12 MAIDEN NAME OF MOTHER Barbara Derweger

13 BIRTHPLACE OF MOTHER (State or country) ✕ Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Williams

(Address) 2906 Huntingdon Ave

15 FILED MAR 20 1916, 191.. HARRY D ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 19 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1916, to March 19 1916, that I saw h.. alive on March 19, 1916, and that death occurred, on the date stated above, at 8 45 p. m.?

The CAUSE OF DEATH* was as follows:

Myocarditis

Fifteen minutes? (Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Acute Dilatation ?

? (Duration) — yrs. — mos. — ds.

(Signed), William Garth Clopton M. D.

March 19, 1916 (Address) 2919 Huntingdon Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Druid Ridge | DATE OF BURIAL Mch 22, 1916

20 UNDERTAKER A S Marshall | ADDRESS 3529 Fall Rd

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Sp. C.—8-24-14—M. & T.—2000 Bks.

093349

HEALTH DEPARTMENT—CITY OF BALTIMORE

093349

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 846 E. Pratt ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresi Lotz

(Residence in Baltimore: No. 846 E. Pratt St.; ....yrs.,....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), (City)

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- HARRY O ANDREWS,
Filed MAR 20 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191.....,
that I saw h.....alive on.....191.....,
and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem	March 21, 191.6
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93350 C93350

CERTIFICATE OF DEATH.

137

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Bruce

(Residence in Baltimore: No. 1618 Division St St.; ..... yrs. 3 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	black	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1898 (Year)

7-AGE,	If LESS than 1 day,
18 yrs. ..... mos. ..... da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Chance

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Bruce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased .....

(Address).....

15- MAR 20 1916 Filed....., 191. HARRY O ANDREWS, Vital Statistics Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 18 1916, that I saw her alive on March 18 1916, and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

..... Puerperal Sepsis .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 28 da.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ..... yrs. ..... mos. 26 da.

(Signed) ..... G. H. Ross ..... M. D.

3-18....., 191.6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 10 da. In the State ..... yrs. Life mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence 1618 Division St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Roslyn Md.	March 21st, 1916

20-UNDERTAKER	ADDRESS
George W. Holland	Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93351

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93351

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeth Home ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma F. Smith

(Residence in Baltimore: No. 1st. Paul St.; St.; 19 yrs., 9 mos. 21 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Single

6-DATE OF BIRTH, June (Month) 28 (Day) 1902 (Year)

7-AGE,	If LESS than 1 day,
13 yrs. 9 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Inmate
(b) General nature of industry, business, or establishment in which employed (or employer): St. Elizabeth Home

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, W. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jennie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) her Mother Mrs Jennie Gray

(Address) St. Elizabeth Home

15- MAR 20 1916 (CHARLES J. ARCHER) Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1915, to Mar 18 1916, that I saw h[illegible] alive on Mar 18 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1+ yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

..... (Duration) ..... yrs. 1 ..... mos..... ds.

(Signed) Edgar B. Redmond M. D.

Mar 19, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. \ mos. \ ds. In the State 9 yrs. \ mos. \ ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence St. Elizabeth Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Mar. 21 191.6
20-UNDERTAKER Geo. N. Holland	ADDRESS 512 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93352

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1026 Granby ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F. Brown

Residence in Baltimore: No. 1026 Granby St

St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	?

6-DATE OF BIRTH, March (Month) (Day) 18 (Day) 1846 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): Retired ??

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) National Soldiers Home

(Address) D.C.

15-

Filed MAR 20 1916 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones (Coroner.) M. D.

March 18th, 1916 (Address) 3166 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	March 21, 1916
20-UNDERTAKER	ADDRESS
W. W. Coulson	230 N. Green

C93353

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C93353

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2018 Eagle ST. 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Cohen

(Residence in Baltimore: No. 2018 Eagle St.: 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Herbert Cohen

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Anebelle Weinstein

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Racusin

(Address) 1820 Eagle st

15-

MAR 20 1916

HARRY O ...
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14th, 1916, to March 19th 1916, that I saw h[er] alive on March 19, 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harry Goldberg M. D.

3-19, 1916 (Address) 2031 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2018 Eagle st

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Rd.

DATE OF BURIAL: March 21 1916

20-UNDERTAKER: S Levinson & Bro

ADDRESS 1102 E Pulton-st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93354

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C93354

1-PLACE OF DEATH

Registered No. C .....

City of Baltimore (No. 909½ Lemmon St.; 23 Ward)

2-FULL NAME Emma Gilbert Gross

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 909½ Lemmon St.; ..... yrs. ..... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Black	Single

6-DATE OF BIRTH: March (Month) 9 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Man
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md City

PARENTS

10-NAME OF FATHER: Roman Gross

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Gross

(Address) 909½ Lemmon St.

15. Filed MAR 20 1916, 191 HARRY O ANDREWS, Marial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 191..., to March 17 1916, that I saw him alive on March 16, 1916, and that death occurred, on the date stated above, at 8a m.
The CAUSE OF DEATH* was as follows:

Spina Bifida

..... (Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) W. Holbrook M. D.

March 20, 191... (Address) 520 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND | DATE OF BURIAL: MAR 20 1916, 191...

20-UNDERTAKER: Commissioner Health. | ADDRESS

FOR STATISTICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93355

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93355

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Hollbrook ST.; 9 WARD)

REGISTERED NO. C.....

2-FULL NAME Edward C Brandhoff

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1538 Hollbrook St.; 43 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1873 (Year)

7-AGE, In the 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 977

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Brandhoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Krause

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 1538 Hollbrook St

15- MAR 20 1916 MARK O. ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 18 1916, that I saw him alive on March 18 1916, and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) Leonard M. C. Parker M. D.

March 18, 1916. (Address) 1051 Ausonia St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemty

DATE OF BURIAL, March 21 1916

20-UNDERTAKER Henry Koeck & Son

ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—3-24-14—M. & T.—2000 Bks.

C93356

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93356

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E Lafayette Ave ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Swan

(Residence in Baltimore: No. 1600 E Lafayette Ave St.; 60 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Oct (Month) 1 (Day) 1845 (Year)

7-AGE. 70 yrs. 5 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Gent
(b) General nature of industry, business, or establishment in which employed (or employer). Cabinet Salesman

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Wm Swan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Kinnear

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elizabeth Swan

(Address). 1600 Lafayette Ave

15-

Filed MAR 20 1916, 191.. MARRY O ANDREW Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 17 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 17 1916, that I saw him alive on March 16 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:*

Bronchial Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Geo Young Jr M. D.

March 17, 1916. (Address) 1431 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bath Cemetery

DATE OF BURIAL. March 20, 1916

20-UNDERTAKER. A J McKenrick

ADDRESS Penna & Bath

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK

Spec.—8-24-14—M. & T.—2000 Bks.

C93357 C93357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stinson

(Residence in Baltimore: No. 1832 E. Madison St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 17th (Day), 1850 (Year)

7-AGE, 65 yrs. 8 mos. 2 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carriage Builder
(b) General nature of industry, business, or establishment in which employed (or employer): M. E. Gray & Co

9-BIRTHPLACE. (State or Country) Centreville Md

PARENTS.

10-NAME OF FATHER. William Stinson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Susan Covington

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie E. Stinson

(Address) 1832 E. Madison St.

15- MAR 20 1916 HARRY O. ..., Burial Permit Clerk.
....., 19.., ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1916, to March 19 1916, that I saw h... alive on Mar. 18 1916, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Walter W. White M. D.

Mar. 20, 1916. (Address) 1101 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Centreville Md	Mar. 22 1916
20-UNDERTAKER	ADDRESS
Geo M. Fink	811 N Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—5-15-13—M. & T.—500 Bks.

C93358

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93358

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N Port St, ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Shafer

(Residence in Baltimore: No. 421 N Port St, St.; 49 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June 2, 1866 (Month) (Day) (Year)

7-AGE. 49 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General Work

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frederick Schafer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Schafer

(Address) 421 N Port St

15- Filed MAR 20 1916, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916 to Mar 18 1916, that I saw him alive on Mar 18 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Paralysis Asthenia

Edema Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 4 ds.

(Signed) John C. Schwingbeg M. D.

3-19 191... (Address) 1128 W Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Mar 21, 1916

20-UNDERTAKER Chas. J. Herring — ADDRESS 2011 Aisquith

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93359

CERTIFICATE OF DEATH

92 C93359

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 842 E. Pratt 3 ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Teskunas

(Residence in Baltimore: No. 842 E. Pratt st ST.: yrs. One mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan. (Month) 28 (Day), 1916 (Year)

7 AGE: ..... yrs. One mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Maryland Balto

PARENTS

10 NAME OF FATHER: Adam Teskunas

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sicklitzka

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam + Teskunas
his mark
per H Seidel

(Address) 842 E. Pratt st.

15. MAR 20 1916 191

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19 .1916. to. March 19 1916. that I saw her alive on March 19 .1916. and that death occurred, on the date stated above, at 9 p. m. The CAUSE OF DEATH* was as follows:

Pneumonia
Lobar

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed). Herman Seidel M. D.

March 20. 1916 (Address) 1523 E. Balto st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: March 21 .1916

20 UNDERTAKER: John Zebliauskas — ADDRESS: 508 Pratt st

Spec.—8-24-14—M. & T.—2000 Blks.

C93360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93360

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher C. Ringo

(Residence in Baltimore: No. 2624 N. Calvert St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 20 1825 (Month) (Day) (Year)

7-AGE, 92 yrs. 3 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer): Gen Govt.

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed MAR 20 1916 ROBERT . KRAUTER Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 20, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 16 1916, to Mar 20 1916, that I saw him alive on Mar 20 1916, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Edward L. Smart M. D.

Mar 21 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2624 N. Calvert St

Former or usual residence 2624 N. Calvert St

18-PLACE OF BURIAL OR REMOVAL, Greene St Mount Com

DATE OF BURIAL, Mch 22, 1916.

19-UNDERTAKER W. M. Britton

ADDRESS 730 N. Greene

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93361 C93361

CERTIFICATE OF DEATH.

4 91 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 Park ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gibson Carey

(Residence in Baltimore: No. 1104 Park ave St.; Life ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Nov. 20th, 1838
(Month) (Day) (Year)

7-AGE. 77 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Secretary 315
(b) General nature of industry, business, or establishment in which employed (or employer). The B.C. Bibb Store Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Carey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Elizabeth Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Gibson Carey

(Address) Schenectady, N.Y.

15- MAR 20 1916 Filed ....., 191.. ROBERT . KRAUTER, REGISTRAR OF VITAL STATISTICS. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 20 1916, that I saw h[illegible] alive on March 19 1916, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) Paul Carnes M. D.

March 20, 1916. (Address) 132 Mt Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, March 22, 1916

20-UNDERTAKER H. W. Jenkins Sons Co — ADDRESS Richard & Ine Eutaw & Lee

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93362 C93362

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N Strieker ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jackson Jones

(Residence if Baltimore: No. 1322 N Strieker St.; 30 yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carriage Smith
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Case

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robt Jones

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Lucy Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Jones

(Address) 1102 Druid Hill

15- Filed MAR 20 1916 ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 19 1916, that I saw h alive on March 19 1916, and that death occurred, on the date stated above, at 2-30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 5 mos. 0 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J. H. Woodward M. D.

March 20, 1916. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Owens Station Calvert Co Md

DATE OF BURIAL, March 21, 1916.

20-UNDERTAKER John H Owens

ADDRESS 1222 Druid Md

Spec.—8-24-14—M. & T.—2000 Bks.

C93363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C93363

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2032 E Pratt ST.; W WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances A Baldwin

(Residence in Baltimore: No. 2032 E. Pratt St St. life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec 3 (Month) (Day), 1840 (Year)

7-AGE, 75 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At home

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mayo

(Address) 2032 E. Pratt St.

15 MAR 20 1916 ROBERT . KRAUTER,
Filed....., 191.. Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17 1915, to Mch 17 1916, that I saw her alive on Mch 17 1916, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Faulty Compensation

(Duration) yrs. 6 mos. ds.

(Signed) Geo. Miller M. D.

3.30, 1916 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, March 21, 1916

20-UNDERTAKER J. Q. Saunders & Son

ADDRESS 1118 Eutaw

S.C.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93364 C93364

CERTIFICATE OF DEATH.

x 120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospl St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Walters

(Residence in Baltimore: No. Maryland General Hospl St.; ... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 8th (Day), 1879 (Year)

7-AGE, 37 yrs. ... mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver Hack
(b) General nature of industry, business, or establishment in which employed (or employer) Transitence Wagon

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Charles Walters

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James D. Webb

(Address) 811 S. Talbot Ave

15- MAR 20 1916 Filed ..., 191... ROBERT ... KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 17 1916, to Mar 19 1916, that I saw him alive on Mar 19 1916, and that death occurred, on the date stated above, at 6.20a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Duration 10 min

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. E. Shipley, M. D.

Mar 19, 1916 (Address) Md Gen Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 2 life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence 1200 S Clinton St

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cemetery

DATE OF BURIAL, March 21st, 1916.

20-UNDERTAKER H. Sander & Sons

ADDRESS 1700 E Balt St.

THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—THE UTMOST CARE should be stated EXACTLY. PHYSICIANS should state every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93365 93365

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2558 Hollins ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Riggeal

(Residence in Baltimore: No. 2558 Hollins St.; 15 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, December (Month) 15 (Day), 1844 (Year)

7-AGE, 71 yrs. 3 mos. 3 ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: dealer in cattle
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, W. Henry Riggeal

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles R. Riggeal

(Address) 2558 Hollins St

15- Filed MAR 20 1916 ROBERT . KRAUTER, Registrar. Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 26 1916, to March 18 1916, that I saw h im alive on March 18 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

dilatation of heart.

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) atrophic cirrhosis of liver

(Duration) unknown yrs. mos. ds.

(Signed) Chester Riland, M. D.

3-18-, 1916. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Artamna Pa — DATE OF BURIAL, March 21, 1916

20-UNDERTAKER, George Lehnrad & Bro — ADDRESS 2101 Fredericks Ave

C93366

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93366

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Calvert & Monument ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Mc. Eldon

(Residence in Baltimore: No. Calvert & Monument St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Nov. (Month) 6th (Day), 1845 (Year)

7-AGE, 70 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country), Phila, Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary J. Fuller

(Address) 1744 Jefferson St Niagara Falls

15- MAR 20 1916 ROBERT . KRAUTH

Filed....., 191.... Special Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18th (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic arthritis

(Duration) yrs. mos. ds.

(Signed) Wash. W. Stevens M. D.
(Coroner.)

March 20, 1916 (Address) 129 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	March 21, 1916
20-UNDERTAKER	ADDRESS
Henry W. Means & Son	105 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93367

CERTIFICATE OF DEATH.

92 C93367

1-PLACE OF DEATH (

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Braxton

(Residence in Baltimore: No. 547 Mosher St ST.; ....yrs., ...mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED (write the word.)
Male	Black	Married

6-DATE OF BIRTH, ...Dec..... (Month) 1 (Day) .... (Year)

7-AGE, 40 yrs. .... mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor 506
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Boat.

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Carter Braxton

11-BIRTHPLACE OF FATHER (State or Country), Middlesex Co, Va.

12-MAIDEN NAME OF MOTHER Eliza Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Matthews Co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Mattie Braxton

(Address) Saluda P.O. Va

15- Filed MAR 20 1916, 191.... ROBERT . KRAUTER VITAL STATISTICS CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 14 1916, to Mar. 19 1916, that I saw him alive on Mar 19 1916 and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. .... ds.

(Signed) Edward A. Smack M. D.

Mar 19, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. Dont know

Where was disease contracted, if not at place of death? 547 Mosher St.

Former or usual residence 547 Mosher St

19-PLACE OF BURIAL OR REMOVAL, Lutheran Wtf Middlesex Co Va. DATE OF BURIAL, Mar 21, 1916.

20-UNDERTAKER Felix B. Pye. ADDRESS 102 E Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93368 C93368

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 GUILFORD AVE. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME CLARA O. KIRK

(Residence in Baltimore: No. 2612 GUILFORD AVE. St.; 15 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
FEMALE	WHITE	MARRIED

6-DATE OF BIRTH, DECEMBER 13th., 1879. (Month) (Day) (Year)

7-AGE, 36 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... HOUSE WIFE
(b) General nature of industry, business, or establishment in which employed (or employer)..... AT HOME.

9-BIRTHPLACE, (State or Country), PENNSYLVANIA.

PARENTS.

10-NAME OF FATHER, JAMES B. OBERLY.

11-BIRTHPLACE OF FATHER (State or Country), PENNA.

12-MAIDEN NAME OF MOTHER L. O. WEBER

13-BIRTHPLACE OF MOTHER (State or Country), PENNA.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) JOHN O. KIRK.

(Address) 2612 GUILFORD AVE.

15- Filed MAR 20 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8th 1916, to March 19th 1916, that I saw h[illegible] alive on March 19th 1916, and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Theron Brumbaugh M. D.

March 20, 1916 (Address) 2844 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hyattsville Md.	March 22nd 1916
20-UNDERTAKER) Chas. P. Coane & Son.	ADDRESS N. Eutaw St. Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

93369 HEALTH DEPARTMENT—CITY OF BALTIMORE 93369

CERTIFICATE OF DEATH. 91

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 124 S. Durham ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Otto Fritz

(Residence in Baltimore: No. 124 S. Durham St.; ....yrs.,....mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 9, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Maryland.

PARENTS.

10-NAME OF FATHER, Liebrich Fritz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Dina

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Liebrich Fritz

(Address) 124 S. Durham St.

15- MAR 20 1916 ROBERT P. KRAUTHER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1916, to March 20 1916, that I saw him alive on March 20 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Goldsmith M. D.

3/20, 1916 (Address) 1739 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Farmer or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 23, 1916
20-UNDERTAKER	ADDRESS
Kendall Coffield & Son	37 S. Howard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

C93360 C93370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1904 Pennsylvania Avenue, ST. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob W. Bates,

(Residence in Baltimore: No. 1904 Pennsylvania Avenue, St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single,

6-DATE OF BIRTH, June (Month) 13th (Day), 1871. (Year)

7-AGE, 44 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carriage 328
(b) General nature of industry, business, or establishment in which employed (or employer)..... painter,

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Bates,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Catherine Smith,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. O. Smith, cousin.

(Address) 2212 Walbrook Avenue.

15- MAR 20 1916 Filed..... 191.....

ROBERT . KRAUSS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Valvular heart disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Mar. 20th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Mar. 21, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93371 105 C93371

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1617 Ashland Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Webster

(Residence in Baltimore: No. 1617 Ashland Ave St.; 37 yrs., 5 mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 16, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Patrick Feeney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Hagerty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Feeney

(Address) 1402 Jackson St.

15- MAR 20 1916 ROBERT J. KRAUTER
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1916, to March 20 1916, that I saw her alive on March 20 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Perforation and hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Duodenal ulcer

(Duration) ....yrs. ? mos. 3 ds.

(Signed) John L. Feeney M. D.

3 20, 191 6 (Address) 1223 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Vincents — DATE OF BURIAL, March 22, 1916

20-UNDERTAKER Wm Cook — ADDRESS, 1125 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C93372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93372

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 St Paul ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elizabeth Parsons

(Residence in Baltimore: No. 3029 St Paul St.; 81 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July 18, 1834. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
81 yrs. 8 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 75

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Jonathan Parsons

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER, Mary A. Mann

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Virginia Parsons

(Address) 3029 St Paul St

15- MAR 20 1916 ROBERT J. KRAUTER, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1915, to Jan. 18 1916, that I saw h[illegible] alive on Jan. 18 1916, and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebro-Hemorrhage

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. ds.

(Signed) C. A. Thomas M. D.

3/19, 1916 (Address) 1129 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	3/21, 1916.
20-UNDERTAKER	ADDRESS
William Cook	502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

93373

HEALTH DEPARTMENT—CITY OF BALTIMORE

93373

CERTIFICATE OF DEATH.

REGISTERED No. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 W Lexington St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christianna Lehr.

(Residence in Baltimore: No. 927 W Lexington St.: 64 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Apr (Month) 4 (Day), 1843 (Year)

7-AGE, 72 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Lehr

(Address) 927 W Lexington St

15-Filed MAR 21 1916, 19... HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 17, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 19 1916, that I saw h— alive on March 18 1916, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Some years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) yrs. mos. ds.

(Signed) J J Norwood M. D.

March 18, 191.. (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 22, 191.6

20-UNDERTAKER George J Smith — ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93374 C93374

CERTIFICATE OF DEATH.

8

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Meyer A. Davidson

Residence in Baltimore: No. 1020 Hollins St. St.; ..... yrs. 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, June 22, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City Md.

PARENTS.

10-NAME OF FATHER. Isaac Davidson

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Emma Goldberg

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Davis

(Address)..... 1417 E. Balto. St

15. MAR 21 1916 HARRY O ANDREWS, Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 20, 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 20 1916, that I saw h.m alive on March 20 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)..... yrs. ..... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Failure

(Duration)..... yrs. ..... mos. 1 ds.

(Signed) C Wilson Smith M. D.

March 21, 1916. (Address) 811 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Cd

DATE OF BURIAL, 3/21..., 191.6

20-UNDERTAKER, Jack Sivas

ADDRESS E. Balto. St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93375 C93375

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 N. Mount ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion R. Cooper

(Residence in Baltimore: No. 521 N. Mount St.; — yrs., one mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 877
(b) General nature of industry, business, or establishment in which employed (or employer)..... Residence

9-BIRTHPLACE, (State or Country), Alexandria Va.

PARENTS.

10-NAME OF FATHER, Henry Washington

11-BIRTHPLACE OF FATHER (State or Country), Alexandria Va.

12-MAIDEN NAME OF MOTHER Maria Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Culpepper Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Cooper

(Address) Laurel Md

15- MAR 21 1916 191.. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to Mar. 21 1916, that I saw her alive on Mar. 20 1916, and that death occurred, on the date stated above, at 4-a. m.

The CAUSE OF DEATH* was as follows:

Acute parenchymatous nephritis

(Duration) about — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) — yrs. — mos. 4 ds.

(Signed) Chas. C. McCarthy M. D.

Mar. 21, 1916. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Laurel Md

19-PLACE OF BURIAL OR REMOVAL, Laurel Md — DATE OF BURIAL, Mar 23, 1916.

20-UNDERTAKER Jno. F. Talbert & Co. — ADDRESS 1318 Eight St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93376

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C93376

Registered No. C.....

1-PLACE OF DEATH

City of Baltimore (No. 1826 N. Monroe St. 15 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav C. Matthaei

(Residence in Baltimore: No. 1826 N. Monroe St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Aug. 20, 1872 (Month) (Day) (Year)

7-AGE 43 yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Liquors

9-BIRTHPLACE (State or country): Md. (City)

PARENTS

10-NAME OF FATHER: Daniel Matthaei

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Lena Culmay

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Matthaei

(Address) 1826 N. Monroe St

15. MAR 21 1916 Burial Permit Clerk

Filed ....., 191 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~March~~ March 1, 1916 to March 19 1916.
that I saw him alive on Mar. 18 1916.
and that death occurred, on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Osteo-malacia

(Duration) ~~15~~ 10 yrs. ..... mos. ..... ds.

(Signed), R. C. Metzel M. D.

Mar. 22, 1916 (Address) 1903 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Mar 22, 1916

20-UNDERTAKER	ADDRESS
Jonah Lefler	1600 W North ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93377 C93377

CERTIFICATE OF DEATH.

81

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 104 S. Patterson Park Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME George Bunnecke

(Residence in Baltimore: No. 104 S. Patterson Park Ave St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug (Month) 28 (Day), 1839 (Year)

7-AGE, 76 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer): 215

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Bunnecke

(Address) 104 S. Patterson Park

15- MAR 21 1916 BANK OF BALTIMORE, Burial Permit Clerk's

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1916, to March 19 1916, that I saw him alive on March 19 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (Cerebral)

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. Spicknall M. D.

March 20, 1916. (Address) 2112 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Mar 22 1916.

20-UNDERTAKER W. J. Tickner & Sons ADDRESS North & Penna Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93378

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

C93378

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1438 N. Bond St.; 8 WARD)

2-FULL NAME Mary a. Richards

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1438 N. Bond St.; 50 yrs. ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: oct 6th, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Charles Karlson

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mamie Maxley

(Address) 1438 N. Bond

15-Filed MAR 21 1916, 191 HARRY O ANDERSON Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 19th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1914, to, March 19th 1916, that I saw her alive on march 19th 1916, and that death occurred, on the date stated above, at 7.45 P.m.

The CAUSE OF DEATH* was as follows:

Uremia

operation about Sept 1st

(Duration) ... yrs. 2 mos. 4 ds

Contributory (SECONDARY) Carcinoma of the uterus bladder & rectum

(Duration) about 2 years ... yrs. ... mos. ... ds.

(Signed) Amelia N Zimmerman M. D.

March 20th 1916 (Address) 1605 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease centracted. If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Mar 22, 1916

20-UNDERTAKER: Wm J Tickner & Son ADDRESS: North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C93379 C93379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 W. North ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Buck

(Residence in Baltimore: No. 741 W. North ave St.; 14 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Dec 21, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas R. Kearney

(Address) 741 W. North ave

15-

Filed MAR 21 1916, 191... HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 19 1916, that I saw her alive on March 18 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Colon Carcinoma

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W. Silver M. D.

March 22, 1916. (Address) 741 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, March 22 1916

20-UNDERTAKER H. Rathmann Sons — ADDRESS Norwood

Dr Silver 1916 Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 93380

184

REGISTERED No. C [redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. B. Foote

(Residence in Baltimore: No. 926 Shields ~~Abbey~~ Place. St.: 24 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Married.

6-DATE OF BIRTH, December 7, 1862.
(Month) (Day) (Year)

7-AGE, about 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): (Public)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, David Foote,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Fisher.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Freeburg Foote

(Address) 515 Greenmount Ave

15- MAR 21 1916 Burial Permit Clerk.

Filed ....., 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide. Fracture of Skull due to being hit on head by fists.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hobbs Saunders M. D.
(Coroner.)

March 20 1916. (Address) 16 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 926 Shields Place

19-PLACE OF BURIAL OR REMOVAL Cartsville Md — DATE OF BURIAL, 3/21, 19.16

20-UNDERTAKER Randall J. Hemsley — ADDRESS 578 Preble

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 79

1-PLACE OF DEATH University Hospital 4 REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Cook

Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 1 ds.)

N.B.—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1874

7-AGE,	If LESS than 1 day,
42 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, David Markee

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Annie Collins

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Smith

(Address) 1714 Hill Ave

15- MAR 21 1916 HARRY O. ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 19 (Day) ..., 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to March 19 1916, that I saw her alive on March 19 1916, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Hypertrophy and Dilatation

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) Harry Austin M. D.

3/18, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State all her life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Davisville Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Randallstown Md	3/20, 1916.
20-UNDERTAKER Samuel S Kemsley	ADDRESS 578 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93382 C93382

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Parkway & 39th ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Williams

(Residence in Baltimore: No. University Parkway & 39th St. St.; 26 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1840 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 2 mos. 11 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Business Man
(b) General nature of industry, business, or establishment in which employed (or employer): 617

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Rev Henry Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Priscilla Chew

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Henry Williams

(Address) University Parkway & 39th St.

15- MAR 21 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Mar 20 1916, that I saw him alive on Mar 18 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 5 yrs. mos. ds.

(Signed) Chas. Reid Edwards M. D.

Mar 20, 1916. (Address) 720 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Usual Residence

Former or usual residence University Parkway & 39th St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery.	March 24th, 1916.
20-UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co.	845 Eutaw St. & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

C93383 C93383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie Frizzell

(Residence in Baltimore: No. Hotel Orford, Camden & Eutaw Sts. St.; 4 yrs., — mos., — ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, Nov. 26, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer): Butter

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elias Frizzell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mc Kenzie

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Mc

(Address) Church St.

15- MAR 21 1916 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 21 1916, that I saw h[illegible] alive on Mar 21 1916, and that death occurred, on the date stated above, at 3 00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis 2 years

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Smith M. D.

Mar 21, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ½ mos. ....ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence Orford Hotel

19-PLACE OF BURIAL OR REMOVAL, Central Cemetery near Frederick Road DATE OF BURIAL, March 23 1916

20-UNDERTAKER George Smith ADDRESS 000 Forrest

Spec.—5-19-13—M. & T.—500 Bks.

C93384 C93384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel McFeldridge Byers

(Residence in Baltimore: No. 1206 W. Fayette St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Aug (Month) 29 (Day), 1915 (Year)

7-AGE. ... yrs. 6 mos. 20 ds. If LESS than 1 day. ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) ~~Canada~~ Pennsylvania

PARENTS.

10-NAME OF FATHER. Albert H Byers

11-BIRTHPLACE OF FATHER (State or Country). Canada

12-MAIDEN NAME OF MOTHER. Minnie McFeldridge

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert H. Byers

(Address) 1206 W. Fayette

15. Filed MAR 21 1916 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19 1916, to March 20 1916, that I saw h— alive on March 19 1916, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Acute Gastric Indigestion

(Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. McTamney M. D.

March 20, 1916. (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pamplin Va	March 21, 1916
20-UNDERTAKER	ADDRESS
Eutaw Mutelect Co	120 W. Fayette St.

C93385 C93385

HEALTH DEPARTMENT--CITY OF BALTIMORE 64

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 2107 Chelsea Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Robins

(Residence in Baltimore: No. 2107 Chelsea Ave St.: 78 yrs. 4 mos. 16 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 4th (Day) 1837 (Year)

7-AGE: 78 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Isaac Bowers

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Cooper

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert H. Robins

(Address) 2107 Chelsea Ave

MAR 21 1916 Filed ..... 191.....

HARRY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 20, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1909 to March 19 1916.

that I saw h.. alive on March 19, 1916.

and that death occurred, on the date stated above, at 4.30P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage

causing paralysis

(Hemiplegia)

(Duration) 6 yrs. 6 mos. — ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Julian D. King M. D.

March 21 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: March 22nd 1916

20-UNDERTAKER: Graham F. Walker — ADDRESS: 223 N. Howard

Sp...—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93386

~~C93386~~

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Comptom ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Gibson

(Residence in Baltimore: No. 1011 Comptom St.; ...yrs. 8 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1915 (Year)

7-AGE, ~~Not~~ ...yrs. 8 mos. 6 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Gibson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Margaret McClosky

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Gibson

(Address) 1011 Compton St.

15- MAR 21 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20th 1916, to March 19th 1916, that I saw her alive on March 18th 1916, and that death occurred, on the date stated above, at 4:30 A.m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary).....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B. Clark M. D.

March 20th, 1916. (Address) 1201 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters | DATE OF BURIAL, 3-21st, 1916

20-UNDERTAKER E & B Hale | ADDRESS 115 E Mead St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93387 — 28 — C93387

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1243 James 21 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Virginia Brown

(Residence in Baltimore: No. 1243 James St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Dec (Month) 27, (Day) 1888 (Year)

7 AGE: 27 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): New Salem N.C.

PARENTS

10 NAME OF FATHER: Rudolphus Ingold

11 BIRTHPLACE OF FATHER (State or country): New Salem N.C.

12 MAIDEN NAME OF MOTHER: Emma Hayes

13 BIRTHPLACE OF MOTHER (State or country): N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hatty B. Brown

(Address) 1243 James St

15 Filed MAR 21 1916, 191 — HARRY O ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916, to March 18 1916, that I saw her alive on march 18, 1916, and that death occurred, on the date stated above, at 10 3/4 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

(Signed) R. L. Blake M. D.

March 20, 1916 (Address) 637 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 22, 1916

20 UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93388 28 C93388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #3 N. Amity ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malachi Smith

(Residence in Baltimore: No. #3 N. Amity St.; Lifetime yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Leolard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Un Known, 1 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of Grocery Wagon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Seary Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 253 N. Schearde St

15-

Filed MAR 21 1916 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 19 1916, that I saw him alive on March 19 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. L. Steiger M. D.

March 19, 1916 (Address) 206 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemet — DATE OF BURIAL, March 21, 1916.

20-UNDERTAKER Charles B Jones — ADDRESS 1020 Laraby

Spec.—8-24-14—M. & T.—2000 Bks.

C93389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

132 C93389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Annie Jackson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1113 Division St St.; Lifetime (.....yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, Feb. 15, (Month) (Day) 1884 (Year)

7-AGE, 32 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelar Blair

(Address) 1113 Davidson st

15- MAR 21 1916

Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 20 1916, that I saw h[illegible] alive on March 20 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines & Peritonitis and Bilateral Pleurisy

(Duration).....yrs.....mos.?.....ds.

CONTRIBUTORY (Secondary) Post operative Ileus

(Duration).....yrs.....mos.3.....ds.

(Signed) C. W. Mielert M. D.

Mar. 20, 1916 (Address) Md Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos. 5 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1113 Division St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, March 21, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 1118 N Gay

C93390

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93390

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 226 S. Ellington ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linwood W. Gordy

(Residence in Baltimore: No. 226 S. Ellington ave St.; yrs., 4 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 1st (Day), 1868 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 8 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm P. Gordy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Gordy

(Address) 226 S. Ellington ave

15- Filed MAR 21 1916, 191.....

HARRY O ANDREWS, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. W. D. Jones M. D. (Coroner.)

March 20th, 1916. (Address) 3116 Ashland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	March 22nd, 1916
20-UNDERTAKER Robert J Turner	ADDRESS 1111 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93391 C93391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1902 E. Oliver St ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara M. Hill.

(Residence in Baltimore: No. 1902 E. Oliver St St.; ..... yrs. ..... mos. ..... ds.)

life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 25, 1890.
(Month) (Day) (Year)

7-AGE, 25 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Zetlmeisl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cora Hustler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horse Hill

(Address) 1902 E. Oliver St

15- Filed MAR 21 1916, 191.. HARRY O. ANDERSON, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 19 191.., to March 19 1916, that I saw h.r alive on March 19 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. 2 mos. 1 ds.

(Signed) William Krauss M. D.

March 24 1916 (Address) 1407 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 22 1916.
20-UNDERTAKER Robt. W. Turner	ADDRESS 1442 N. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93392

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. N.E.Cor. Brooks Lane & Landon Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Wolfram,

(Residence in Baltimore: No. Lake Court Aprt., St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug. 18th, 1862 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 2 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), S.C.

PARENTS.

10-NAME OF FATHER, Marx Eisman,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Anna Sweet,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S.Wolfram,

(Address) Lake Court Aprt.

15- Filed MAR 21 1916, 191... MARY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 29th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Mch 20 1916, that I saw her alive on March 19 1916, and that death occurred, on the date stated above, at 12.5A m.

The CAUSE OF DEATH* was as follows:

Abscess Ovaries peritoneum at Pelvic floor

Cancer of Uterus

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from above

(Duration) yrs. mos. ds.

(Signed) Julius Friedmann M. D.

March 21, 1916 (Address) 1013 St Charles Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Darlington S.C. — DATE OF BURIAL, Mch. 21st, 1916

20-UNDERTAKER H.Ward & Sondheim — ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-19 M. & T.—500 Blks. Myrtle B. Fiek

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93393 105 C93393

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle B. Fiek

(Residence in Baltimore: No. 1366 N. Calhoun St St.; 5 yrs., 5 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 8, 1910 (Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Johnson.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. Hall

(Address) 1366 N. Calhoun St.

15- Filed MAR 21 1916, 191 HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/3 1916, to 3/17 1916, that I saw h[illegible] alive on 3/18 1916, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

(a) Coxa-tuberculosis

(b) Marasmus

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY, (Secondary) Malnutrition

(Duration) yrs. mos. 1 ds.

(Signed) J. K. Lucke M. D.

3/20, 1916 (Address) 2134 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Zion	Mar. 21, 1916
20-UNDERTAKER James H. Dunn	ADDRESS 303 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93394 C93394

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1515 N. Wolfe ST.; 8 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Johnson

Residence in Baltimore: No. 1515 N. Wolfe St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. (Month) 3 (Day) 1841 (Year)

7-AGE, 75 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country) Bermuda, West Indies

PARENTS.

10-NAME OF FATHER, Benjamin Mitchel

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. John M. Brown
(Address) 1515 N. Wolfe st

15- Filed MAR 21 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1912, to March 21. 1916, that I saw her alive on 3 20 1916, and that death occurred, on the date stated above, at 2.50A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis ?

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Jos. A. Hartman M. D.

Mch. 21., 1916. (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glendy Cemty — DATE OF BURIAL, Mch 23., 1916.

20-UNDERTAKER Fiekler & Fiekler — ADDRESS 1739 E. Eager

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93395

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C93395

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1345 Strieker ST. 15 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Lange Carroll

(Residence in Baltimore: No. 1345 N. Linden Ave St.: 35 yrs. [illegible] ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: march 18, —, 1877 (Month) (Day) (Year)

7-AGE: 39 — yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Princess Anne Md

PARENTS

10-NAME OF FATHER: John Wesley Carroll

11-BIRTHPLACE OF FATHER (State or country): Princess Anne Md

12-MAIDEN NAME OF MOTHER: Emma Williams

13-BIRTHPLACE OF MOTHER (State or country): Princess Anne Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Carroll

(Address) 1345 Strieker st

15. Filed MAR 21 1916, 191 ROBERT . KRAUSE, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to March 18 1916, that I saw h[illegible] alive on March 17, 1916, and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Senescence

(Duration) 1 yrs. — mos. — ds.

(Signed) H. Stansbury M. D.

March 20, 1916 (Address) 1302 W Mill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Mar 22, 1916

20-UNDERTAKER: James H. Dennis — ADDRESS: 133 Eastmon

Spec.—8-24-14—M. & T.—2000 Blks.

093396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×28 093396

REGISTERED NO. C.....

1-PLACE OF DEATH
OF BALTIMORE: (No. Maryland Penitentiary St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Blake

(Residence in Baltimore: No. Maryland Penitentiary St.; 2 yrs., 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH. August 18, 1896 (Month) (Day) (Year)

7-AGE. 19 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Calvert County, Md.

PARENTS.

10-NAME OF FATHER. John Blake

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Sallie Holland.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Brown

(Address) Md. Penitentiary

15- Filed MAR 21 1916, 191... ROBERT . KRAUSER, Vital Records Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 25, 1916, to March 19 1916, that I saw her alive on March 18 1916, and that death occurred, on the date stated above, at 5.20 A. m.

The CAUSE OF DEATH* was as follows:

Toxemia and Exhaustion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuber

culosis (Duration) ....yrs. 5 mos. 22 ds.

(Signed) William F. Schwartz, M. D.

March 19, 1916. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 8 mos. 8 ds. In the State 19 yrs. 7 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Sandy Bottom, Calvert Co. Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Mar. 21., 1916.
20-UNDERTAKER James L. Dunn	ADDRESS 1303 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C93397

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C93397

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 N. Bruce ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Orange Prisco

(Residence in Baltimore: No. 1534 N. Bruce St.; 10 yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 20 (Day), 1891 (Year)

7-AGE, 24 yrs. 8 mos. ds.

If LESS than 1 day. ....hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Orange Reuben Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Jordan

(Address) 1829 Lorman St.

15- Filed MAR 21 1916, 191.. ROBERT . KRAUTHER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 20 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 16 1916, that I saw her alive on March 16 1916, and that death occurred, on the date stated above, at 12.40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Quinn M. D.

Mar. 20, 1916. (Address) 1507 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Mar 22 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—3000 Blks.

C93398

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93398

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Santa Bonano

(Residence in Baltimore: No. 925 Ashland Ave. St.; 1 yrs., 2 mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—This is a permanent record.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Jan 4th (Month) (Day), 1915 (Year)

7-AGE: 1 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Antonio Bonano.

11-BIRTHPLACE OF FATHER (State or Country): Italy.

12-MAIDEN NAME OF MOTHER: Santa Mariano.

13-BIRTHPLACE OF MOTHER (State or Country): Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonio Bonano.

(Address) 925 Ashland Ave

15. MAR 21 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Mar. 20 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1916, to Mar 20 1916, that I saw h[illegible] alive on Mar 20 1916, and that death occurred, on the date stated above, at 6.50 p. m.

The CAUSE OF DEATH* was as follows:

1. [illegible]

2. [illegible]

3. [illegible]

(Duration)....yrs....mos. 21 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration)....yrs....mos....ds.

(Signed) [illegible] M. D.

Mar 21, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? 925 Ashland Ave.

Former or usual residence 925 Ashland Ave.

19-PLACE OF BURIAL OR REMOVAL: St. Vincent Cemetery

DATE OF BURIAL: March 21, 1916

20-UNDERTAKER: George F. Ruth.

ADDRESS: 1735 Hanford ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

(93399)

CERTIFICATE OF DEATH

152

(93399)

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 233 N. Bruce ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Ferguson

(Residence in Baltimore: No. 233 N. Bruce St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Single

6-DATE OF BIRTH: Mar (Month) 17, (Day) 1916 (Year)

7-AGE: ..... yrs. ..... mos. 3 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): 233 N. Bruce

PARENTS

10-NAME OF FATHER: Wm Ferguson

11-BIRTHPLACE OF FATHER (State or country): Balto city

12-MAIDEN NAME OF MOTHER: Louisa Lippard

13-BIRTHPLACE OF MOTHER (State or country): Balto. city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Ferguson

(Address) 233 N. Bruce

15. Filed MAR 21 1916, 19.. ROBERT . KRAUTER, Burial Permit Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1916, to Mar 20 1916 that I saw h~~im~~ alive on Mar 20, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Infected Cord

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W E Byers M. D.

Mar 21, 1916 (Address) 1405 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND | DATE OF BURIAL: MAR 21 1916

20-UNDERTAKER: Commissioner Health | ADDRESS

FOR ANATOMICAL PURPOSES

3691

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93100 C93100

CERTIFICATE OF DEATH.

78

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Hughes

(Residence in Baltimore: No. 48 Market Place St.; 3 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Oct. 4, 1891 (Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Michigan

PARENTS.

10-NAME OF FATHER, George Hughes

11-BIRTHPLACE OF FATHER (State or Country), Mich.

12-MAIDEN NAME OF MOTHER Florence Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Mich

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAR 21 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 9 1916, to Mar. 18 1916, that I saw h[im] alive on Mar. 18 1916, and that death occurred, on the date stated above, at 12:04 m.

The CAUSE OF DEATH* was as follows:

Endocarditis ref. Pericarditis

Duration 7 days

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 1 yrs. 1 mos. ds.

(Signed) Edward P. Smith M. D.

Mar 18, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 9 ds. In the State 3 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? 48 Market Place
Former or usual residence 48 Market Place

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.
DATE OF BURIAL, MAR 21 1916

20-UNDERTAKER Commissioner Health.
ADDRESS

Per WM. E. WOODALL

FOR ANATOMICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C3401

16 C3401

PLACE OF DEATH

CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 1W WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Bella Hondas

(Residence in Baltimore: No. 1813 Falls Rd. St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, March 25, 1888
(Month) (Day) (Year)

7-AGE, 31 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Charles F. Seymour.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Minnie R. Ecker.

13-BIRTHPLACE OF MOTHER (State or Country), City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Seymour

(Address) 702 Aisquith St.

MAR 21 1916 ROBERT . KRAUTHR,

Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(~~Inquest, Autopsy~~, or Inquiry.)
thereon and from the evidence obtained by said Inquest
(~~Inquest, autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide- Asphyxia - Illuminating gas.
Found dead
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Hammond M. D.
(Coroner.)
March 21, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, March 23 1916

20-UNDERTAKER Chenoweth & Son

ADDRESS Chestnut ave

C93402

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93402

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Raphael & Protectory 509 Hanover St. 12th WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian Haggar.

(Residence in Baltimore: No. 509 Hanover St. St.; 1 yrs. .... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH: Jan. (Month) 20 (Day), 1915 (Year)

7-AGE: 1 yrs. 2 mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): -

9-BIRTHPLACE (State or country): Laurel - Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mabel Finger Haggar

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sr. M. Augustine,

(Address) 509 Hanover Street

Filed MAR 21 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1916, to March 20 1916, that I saw h.e alive on March 19, 1916, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) .... yrs. .... mos. 6 ds

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) .... yrs. .... mos. 3 ds.

(Signed), John S. Bishop M. D.

March 21, 1916 (Address) 828 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: March 22, 1916

20-UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93403

CERTIFICATE OF DEATH.

78 C93403

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Myria Seidel

(Residence in Baltimore: No. 1242 Light St St.; 18 yrs., 2 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 23 (Day), 1897 (Year)

7-AGE, 18 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Seidel

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, E. Snyder

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore

14-THE ABOVE ... THE BEST OF MY KNOWLEDGE.

(Informant) William J Seidel

(Address) 1242 Light St

15- Filed MAR 21 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 13th 1916, to Mar. 20th 1916, that I saw her alive on Mar. 19th 1916, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism due to acute endocarditis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Thomas Gray M. D.

Mch 26 191.6 (Address) 130 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, March 22, 191.6

20-UNDERTAKER Margaret S. Flynn — ADDRESS 1422 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93404

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

C93404

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1201 Argyle Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Dozier

(Residence in Baltimore: No. 1201 Argyle Ave St. 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Unknown, 1 ..... (Month) (Day) (Year)

7-AGE: 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Collector for 957
(b) General nature of industry, business, or establishment in which employed (or employer): Mutual Life Ins Co

9-BIRTHPLACE (State or country): North Carolina

PARENTS

10-NAME OF FATHER: Major Dozier

11-BIRTHPLACE OF FATHER (State or country): North Carolina

12-MAIDEN NAME OF MOTHER: Jane Brooks

13-BIRTHPLACE OF MOTHER (State or country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie Folks

(Address) 1016 N Carey St

15. MAR 22 1916 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March ..... 1916, to March ..... 1916, that I saw h[illegible] alive on March 20 ..... 1916, and that death occurred on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 3 mos. 25 ds.

Contributory (SECONDARY) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K C Stewart M. D.

March 21, 1916 (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: March 23, 1916

20-UNDERTAKER: John H Owens

ADDRESS: 1222 Druid St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93405 C93405

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE: (No. 714 Warren St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Carter

(Residence in Baltimore: No. 714 Warren Ave St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, about 60 yrs. mos. ds.
If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Carter

(Address) 922 Warren St

15- MAR 22 1916 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1915, to March 19 1916, that I saw h alive on March 19 1916, and that death occurred, on the date stated above, at 10,30 m.

The CAUSE OF DEATH* was as follows: Cardiac Valvular Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 3 mos. ds.

(Signed) C. H. Hooker M. D.

March 21, 1916 (Address) 712 S. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Auburn	March 22, 1916.
20-UNDERTAKER	**ADDRESS**
John H Owens	1222 Druid

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93406

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93406

1 PLACE OF DEATH — REGISTERED No. C. 79

CITY OF BALTIMORE: (No. 1103 Etting St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Dorsey

(Residence in Baltimore: No. 1103 Etting Street St.; 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1844 (Year)

7-AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Dorsey

(Address) 1103 Etting St

15- Filed MAR 22 1916, 191 HARRY O ANDREWS, Chief Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1916, to, March 19, 191 , that I saw her alive on March 19, 191 , and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. 3 mos. — ds.

Contributory (SECONDARY) Old age

(Duration) — yrs. — mos. — ds.

(Signed), Edward J. Wheatley M. D.

3/21, 191 6 [Address] 1230 S. Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/22, 191 6

20-UNDERTAKER: Saml F Kennedy — ADDRESS: 578 W Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93407

CERTIFICATE OF DEATH.

89

C93407

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Pitcher ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winslow Dyson

(Residence in Baltimore: No. 604 Pitcher St. St.; ..yrs., 3 mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 4th, 1915
(Month) (Day) (Year)

7-AGE, ..yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George W. Dyson

11-BIRTHPLACE OF FATHER (State or Country), Prince George Co Md

12-MAIDEN NAME OF MOTHER Grace Brailewood

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Dyson

(Address) 604 Pitcher St

15- Filed MAR 22 1916, 191.. HARRY O ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to March 21st 1916, that I saw him alive on March 20th 1916, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..yrs. ..mos. 3 ds.

(Signed) E. L. Wisely M. D.

March 21st 191.6 (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 1916
20-UNDERTAKER	ADDRESS
Frank L. Wright	1536 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93408 C93408

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E. 20 th St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Bailey

(Residence in Baltimore: No. 430 E. 20 th St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Jan 29 (Month), 1853 (Day) (Year)

7-AGE, 63 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer 539
(b) General nature of industry, business, or establishment in which employed (or employer)..... Locomotive

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Henry Bailey

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Margaret Feldner

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Claude H Bailey

(Address)..430 E. 20 th St.

15- MAR 22 1916 Filed....., 19.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1915, to March 21st 1916, that I saw h.. alive on March 20th 1916, and that death occurred, on the date stated above, at 8-30 a m.

The CAUSE OF DEATH* was as follows:

.....

Diabetes Mellitus

..... (Duration) 4 yrs. mos. ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) W. A. Fair M. D.

March 21st, 1916. (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Pa	March 23, 1916
20-UNDERTAKER	ADDRESS
Howard	1026 E Fayette St

C/o Claude H Bailey via P.R.R.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93409 C93409

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 E Lexington St.; 5 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert P. Muthy

(Residence in Baltimore: No. 1209 E. Lexington St.; 26 yrs.,.... mos.... da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 26 yrs. .... mos. .... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 357

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Benjamin Kessling

(Address) 1209 E. Lexington

15- Filed MAR 22 1916, 191.... HEALTH OFFICER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 19 1916, that I saw h— alive on March 19 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) .... yrs. .... mos. 8 .... da.

CONTRIBUTORY (Secondary) Pyelitis Rheumatism

(Duration) .... yrs. .... mos. .... da.

(Signed) J. Wolman M. D.

March 20, 1916. (Address) 1 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, March 23, 1916.

20-UNDERTAKER William Ecork — ADDRESS 502 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93410 10 C93410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N. Pakpleton ST.; 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Jones

(Residence in Baltimore: No. 316 N Pakpleton St.; 65 yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feb 19th, 1851.
(Month) (Day) (Year)

7-AGE, 65 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Cook

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Isaac Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta ——

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Dennis

(Address) 246 S. 23rd St. Phila

15- MAR 22 1916 MARRY O ANDERSON

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14th 1915, to Mch 19th 1916, that I saw her alive on March 18th 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

1. .....

Endocarditis (Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Grip and Bronchitis

2. ..... (Duration) — yrs. 1 mos. — ds.

(Signed) Edwin C. Dunnington M. D.

March 22, 191.. (Address) 1232 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	Mar. 24 191.6.

20-UNDERTAKER Alfred J Freeland ADDRESS 1143 N Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93411

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93411

CERTIFICATE OF DEATH.

REGISTERED NO. C 2240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Fane

(Residence in Baltimore: No. 1348 S. Chester St. 54 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mch ?, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Anthy F Flaherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hanna Beatty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Fane

(Address) 343 S Chester

15- MAR 22 1916 Filed, 191 MARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 19, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1916, to March 19 1916, that I saw h w alive on March 19 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver
(See other side)
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (Duration) yrs. 1 mos. 2 wks.

(Signed) J. F. Finlay M. D.

Mch 19, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State 54 yrs. mos. ds.

Where was disease contracted, if not at place of death? 343 S. Chester

Former or usual residence 343 S. Chester St.

18-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Mar 22 191 6.

20-UNDERTAKER John A Horan

ADDRESS Bank Square

Spec.—8-24-14—M. & T.—2000 Blks.

C93412

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93412

CERTIFICATE OF DEATH.

101

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Grace L. Dunn

(Residence in Baltimore: No. 531 S Linwood Ave St.; 1y 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married.

6-DATE OF BIRTH, Sept 28, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jacob Dunn

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia

12-MAIDEN NAME OF MOTHER Kathern Bopp

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Dunn

(Address).....

15-

Filed MAR 22 1916, 191. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916, (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 15 1916, to March 21, 1916, that I saw h.. alive on March 21, 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

.....Diabetes of the Encephalon.....

..... (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilation

12 hrs. (Duration) yrs. mos. ds.

(Signed) S. D. Shannon M. D.

March 21, 1916. (Address) Maryland General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, March 24, 1916.

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

Spec.—8-24-14—M. & T.—2000 Blks.

C93413

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93413

CERTIFICATE OF DEATH.

x 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital School St.: 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wrablica (Robles)

(Residence in Baltimore: No. Childrens Hospital School St.: yrs. 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... January 16, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Sparrows Pt. Md

PARENTS.

10-NAME OF FATHER, Joseph Wrablica

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Stamadaka Anuka

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Wrablica

(Address) Sparrows Pt

15- Filed MAR 22 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1915, to Mar. 21 - 1916, that I saw her alive on March 21 1916, and that death occurred, on the date stated above, at 3:15 A.m.

The CAUSE OF DEATH* was as follows:

Measles Bronchopneumonia

Measles

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 3 ds.

(Signed) Isadore Zadek M. D.

Mar 22, 1916 (Address) Childrens Hosp School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 21 ds. In the State 2 yrs. 1 mos. 6 ds.

Where was disease contracted, if not at place of death? Childrens Hospital School

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Mar 25, 1916

UNDERTAKER W. Jackson

ADDRESS N B Easter Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×61 C93414

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence McKay

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing.

6-DATE OF BIRTH, May (Month) 3 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 10 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto — Md.

PARENTS.

10-NAME OF FATHER, Henry C. Stinville

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence McKay.

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md!

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed MAR 22 1916 191.. HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20 1916, to Mar. 21 1916, that I saw her alive on Mar 21 1916, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(Autopsy)

..... (Duration)....yrs....mos. 14 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) K. F. Macy M. D.

Mar. 21, 191.. (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Hazlethorpe, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Dom	Mar 22, 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93415

HEALTH DEPARTMENT---CITY OF BALTIMORE

6

C93415

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 700 Compton St ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles William Miller

(Residence in Baltimore: No. 700 Compton St. St.; 1 yrs. 3 mos. 21 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Dec (Month) 1 (Day), 1914 (Year)

7-AGE: 1 yrs. 3 mos. 21 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Miller

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Miller

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Miller

(Address) 700 Compton St

15 Filed MAR 22 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch (Month) 21 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 17, 1916, to, Mch 21 1916, that I saw Him alive on Mch 21 1916, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY): Pneumonia (Broncho)

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed), F. E. Smuck M. D.

Mch 21, 1916. [Address] 910 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 22, 1916

20-UNDERTAKER: Wm. F. Baker & Bro. — ADDRESS: 1318 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

093416

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

093416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH On electric railway car,
CITY OF BALTIMORE (No. Linden ave. near Dolphin st. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. Harman,

(Residence in Baltimore: No. 2021 Eutaw place, St.; Yrs., Mos. Ds.) Lifetime C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, November (Month) 27th (Day), 1843 (Year).

7-AGE, 72 yrs. 3 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Attorney at law,
(b) General nature of industry, business, or establishment in which employed (or employer)..... 764

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joshua Harman,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Rebecca Nomberg,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ray C. Harman, wife.

(Address) 2021 Eutaw Place.

15- Filed MAR 22 1916, 191.... MARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis cum sclerosis coronary arteries.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Frederick Hampel M. D.
(Coroner.)

Mar. 21st 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Har Sinai Cem.	3/23, 16
20-UNDERTAKER David Sondheim	ADDRESS 1140 W. Fayette 1002

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93417

91 C93417

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Machulcz.

(Residence in Baltimore: No. 628 S. Bond St.; 2 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 15 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Machulcz.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie Hilla.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Machulcz

(Address) 628 S. Bond St.

15- MAR 22 1916

Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, MAR 21 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/14/16 191..., to 3/20/16 191..., that I saw h[illegible] alive on 3/20/16 191..., and that death occurred, on the date stated above, at 5.20 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Primary

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. ....mos. ....ds.

(Signed) Rudolf Kleinmann M. D.

3/21/16, 191... (Address) 2919 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Independent Polish Cem.	MAR. 23, 1916.
20-UNDERTAKER W. F. Sadowski.	ADDRESS 705 S. Ann St.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93418 C93418

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3049 Abell ave ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Davies

(Residence in Baltimore: No. 3049 Abell ave St.; 40 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 25th, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Carbondale Pa

PARENTS.

10-NAME OF FATHER, Thomas F Jones

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Hannah Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Wales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Davies

(Address) 3049 abell ave

15- MAR 22 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to March 21 1916, that I saw her alive on March 21 1916, and that death occurred, on the date stated above, at 12 0a m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchial-pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) C. L. D. M. D.

March 24, 191.6 (Address) 1514 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	March 23d, 191.6.

20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93419 — 66 — C93419

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2816 Huntingdon Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah Skipper

(Residence in Baltimore: No. 2816 Huntingdon Ave St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH Apr - 23 (Month), (Day), 1831 (Year)

7-AGE 84 yrs. 10 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto. Co Md.

PARENTS

10-NAME OF FATHER Josiah Hill.

11-BIRTHPLACE OF FATHER (State or country) Balto. Co Md.

12-MAIDEN NAME OF MOTHER Rebecca Lynch.

13-BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick W. Winslow

(Address) 2816 Huntingdon Ave.

15. Filed MAR 22 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mar 21 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1916, to Mar 21 1916, that I saw h-er alive on Mar 20, 1916, and that death occurred, on the date stated above, at 12.50 A.M. The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Paralysis

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed), Roscoe Gilchrist M.D.

Mar 21, 1916 (Address) 1243 E Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dover Balto Co Md	Mch 23, 1916
20-UNDERTAKER	ADDRESS
E. LeRoy Stifflen	844 N 36th St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93420

CERTIFICATE OF DEATH.

92 C93420

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin B. Bullock

(Residence in Baltimore: No. 1931 E. Monument St.; 61 yrs., 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 21, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police Sergeant 25
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Daniel Bullock

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Kate Fullem

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Bullock

(Address) 1931 E. Eager St.

15- MAR 22 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 19 1916, to Mch 20 1916, that I saw h.m alive on Mch 20 191.., and that death occurred on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Total Insanity

(Duration) ..yrs. ..mos. 10 ds.

(Signed) Edwin B. Bullock M. D.

Mch 21, 1916 (Address) 711 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	March 23 1916.
20-UNDERTAKER	ADDRESS
Henry Novak & Son	1301 E. Eager St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93421

CERTIFICATE OF DEATH.

64 C93421

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 910 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cavanaugh

(Residence in Baltimore: No. 910 Aisquith St.; Not known yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE, about 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Kathrin Cavanaugh

(Address) 910 Aisquith St.

15- MAR 22 1916 191..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 22 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1913, to March 21st 1916, that I saw h.. alive on March 21st 1916, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Paresis

..... (Duration) 2 yrs. 4 mos. ..... ds.

(Signed) Edward J. Kilbride M. D.

March 22, 1916 (Address) 208 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral Cemetery	March 24, 1916.
20-UNDERTAKER	ADDRESS
Henry Koeck & Son	1301 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93422

CERTIFICATE OF DEATH.

92 C93422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1662 Gorsuch ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colin. Wilson. Stewart.

(Residence in Baltimore: No. 1662 Gorsuch ave St.; 25 yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 18 (Month) (Day), 1885 (Year)

7-AGE, 30 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builders 15
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country), Scothland

PARENTS.

10-NAME OF FATHER, James Stewart.

11-BIRTHPLACE OF FATHER (State or Country), Scothland

12-MAIDEN NAME OF MOTHER Jane Huchinson

13-BIRTHPLACE OF MOTHER (State or Country), Scothland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Stewart.

(Address) 1662 Gorsuch ave

15- Filed MAR 22 1916, 191.. ROBERT J. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 30 1916, that I saw him alive on March 30 1916, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John M. Gundrum M. D.

Mar 31, 191.6 (Address) 714 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Baltimore Cemetery	March, 191.6.
20-UNDERTAKER	ADDRESS
Georges J. Ruth.	1735 Harford ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Durham ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Krug

(Residence in Baltimore: No. 115 S. Durham St.; 1 yrs., 1 mos. 20 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 31" (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm Krug

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary Alberts

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvester Albert

(Address) 115 S. Durham

15- MAR 22 1916 ROBERT . KRAUTER, Registrar.

Filed..... 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 22" (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1916, to Mar 22 1916, that I saw h— alive on Mar 19 1916, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration)....yrs....mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. P. Scanlan M. D.

Mar 22, 1916 (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, March 25, 1916.

20-UNDERTAKER Randall Oppel & Son

ADDRESS 5 Saint St

C93424

HEALTH DEPARTMENT—CITY OF BALTIMORE

174

C93424

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital ST.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lingari E. Winkler,

(Residence in Baltimore: No. 117 W. Barney st. St.; 2 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, December (Month) 11th (Day), 1895. (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 3 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Crane operator.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Chemical works.

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Frank L. Winkler,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Catherine A. Klein,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J. Winkler, brother,

(Address) Fullerton, Balto. Co. Md.

15- Filed MAR 22 1916 ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic pneumonia and shock following internal injuries and fracture of both femurs and right humerus, (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Accidental fall with a crane, (Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Hemsley M. D. (Coroner.)

Mar. 22, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State Life time yrs. ds.

Where was disease contracted, if not at place of death?..... Curtis Bay, Md.

Former or usual residence 117 W. Barney st.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Josephs Cemetery	March 24th, 1916
20-UNDERTAKER	ADDRESS
Fred'k Kassahn & Sons	Fullerton Md.

Spec.—5-19-13—M. & T.—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93425 64 C93425

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 618 E Clement St- St.; 21st WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R Kirby
(Residence in Baltimore: No. 618 E Clement St- St.; 19 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 13 (Day), 1897 (Year)

7-AGE, 19 yrs. 2 mos. 8 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. & O. R. R.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.
10-NAME OF FATHER, Chas H Kirby
11-BIRTHPLACE OF FATHER (State or Country), Balto Md
12-MAIDEN NAME OF MOTHER Annie Thomas
13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Chas H. Kirby
(Address) 618 E. Clement

15- Filed MAR 22 1916 191.....
ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 21 1916, that I saw him alive on March 21 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage
(Duration) ....yrs. ....mos. 1 ds.
CONTRIBUTORY (Secondary) Acute Nephritis
(Duration) ....yrs. ....mos. 10 ds.

(Signed) Jas A Donnell M. D.
March 21 1916. (Address) 107 E West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, 3/23., 1916
20-UNDERTAKER J. F. McKenley — ADDRESS 39 E. Fort

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93426 C93426

CERTIFICATE OF DEATH.

43

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Carey St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Rebecca Snyder

(Residence in Baltimore: No. 13 N Carey St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 29, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 3 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Jenkins

11-BIRTHPLACE OF FATHER (State or Country) Camden Del

12-MAIDEN NAME OF MOTHER Jane Rider

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. N. Parsons

(Address) 13 N. Carey

15- Filed MAR 22 1916, 191.... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan. 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 191 5, to Jan. 19 1916, that I saw h.. alive on Jan. 19 1916, and that death occurred, on the date stated above, at 5:10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) 0 yrs. 0 mos. 10 ds.

(Signed) H. A. Thomas M. D.

3/21, 1916 (Address) 1606 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dulto Cemetery

DATE OF BURIAL, Mar. 22, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 102 E North

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93427 — 104 C93427

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hosp ST.; VV WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Horsey

(Residence in Baltimore: No. 518 S Hanover St.; ....yrs., 11 mos. 15 ds.)

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, April (Month) 6 Th (Day) 1915 (Year)

7-AGE, ...yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Reginal Horsey

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Hall

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Elizabeth Horsey...

(Address)...518 Hanover St.

15-Filed MAR 22 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 21 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1916, to Mar 21 1916, that I saw h... alive on Mar 21 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchitis

Acute Pleuritis

(Duration)....yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) E. Miller Hemming, M. D.

Mar 21, 1916. (Address) 700 Holland St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs. 11 mos....ds.

Where was disease contracted, if not at place of death? 518 S. Hanover St.

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, March 23 1916.

20-UNDERTAKER L. Schloman & Son — ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 lbks.

C93428

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93428

CERTIFICATE OF DEATH.

X12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 St. Josephs Hosp ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cadogen

(Residence in Baltimore: No. St. Josephs Hosp St.; ..... yrs., ... mos. 14 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 12 (Month), 1884 (Day) (Year)

7-AGE. 31 yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Francis Tiddy

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Lucy E. Porter

13-BIRTHPLACE OF MOTHER (State or Country), Frostburg Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cadogen

(Address) Cumberland W. Va.

15 MAR 22 1916 ROBERT . KRAUTHER, Registrar.

Filed ....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 22 1916, that I saw h[illegible] alive on March 22 1916, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Cystitis Pyelitis

Pregnancy

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) [illegible] M. D.

March 22 1916. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State 26 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence Cumberland W. Va.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, March 25, 191..

20-UNDERTAKER H E Hughes

ADDRESS 17 S Broadway

C93429

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

C93429

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Maryland Ave. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. McDivit

(Residence in Baltimore: No. 2415 Maryland Ave. St.; 23 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: November 26, 1832 (Month) / (Day), 1 (Year)

7-AGE: 83 yrs. 3 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Frederick Co., Md.

PARENTS

10-NAME OF FATHER: Peter Diffendal

11-BIRTHPLACE OF FATHER (State or country): Do not know

12-MAIDEN NAME OF MOTHER: Mary Campbell

13-BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. McDivit

(Address) 335 East 20th. Street

15- MAR 22 1916 Filed ..... 191... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1916, to, Mar. 21 1916, that I saw h.r alive on March 20th 1916, and that death occurred, on the date stated above, at 1-30 a m.

The CAUSE OF DEATH* was as follows:

"Catarrhal Bronchitis"

(Duration) ..... yrs. ..... mos. 3 wks. ds.

Contributory (SECONDARY): Infirmities of age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Geo H Baines M. D.

Mar 22nd 1916 [Address] 21 N 15th st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Joseph's Church Cem. Emmitsburg, Md.

DATE OF BURIAL: 3/23, 1916

20-UNDERTAKER: Henry W. Means & Son

ADDRESS: 705 N. Calvert St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93430 C93430

CERTIFICATE OF DEATH.

X 129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Wade

(Residence in Baltimore: No. 4 Josephs Road St.; ..... yrs., ... mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Charles Co Md.

PARENTS.

10-NAME OF FATHER, William Yates

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Wade

(Address) 716 N. Bond St.

15- Filed MAR 22 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 191 6, to Mar 22 191 6, that I saw h[er] alive on March 22 191 6, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Suffocation by food in throat

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Charles Co. Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Malcolm, Charles Co. Md. Sta.	March 23, 1916.
20-UNDERTAKER	ADDRESS
Felix D. Pue	E. Mulberry St.

C93431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C93431

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2000 E Hoffman St.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Flynn

(Residence in Baltimore: No. 2000 E Hoffman St.; yrs., 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW(ER) OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 11 (Day), 1860 (Year)

7-AGE 55 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bergman Bitzler

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Katherine Straback

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Flynn

(Address) 3900 North Heights Ave

15 MAR 22 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ..... 191 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Burns / 3rd degree over entire body, caused by Clothing catching on fire from a bonfire /

/ (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

... (Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. L. Turner M. D. (Coroner.)

March 22nd, 1916 (Address) 15 N. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Cathedrale	March 24 1916
20-UNDERTAKER	ADDRESS
William Cook	502 N Howard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93432

CERTIFICATE OF DEATH.

120 C93432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N Wolfe ST.; 1 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Nora May McDonnell

(Residence in Baltimore: No. 603 N Wolfe St. St.; ..... yrs., ... mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May 5 (Month), ... (Day), 1882 (Year)

7-AGE, 33 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Downs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Downs

(Address) 603 N. Wolfe St.

15- MAR 22 1916 ROBERT . KRAUTER, Registrar.

Filed ....., 191.... Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21 (Month), ... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to March 21 1916, that I saw h[illegible] alive on March 21 1916, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis (chronic)
and Convulsions
..... (Duration) ..... yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions and Examination (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Adolph L. Weisenburg M. D.

March 21 1916 (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oakland	March 23 1916.

20-UNDERTAKER Wm Cook

ADDRESS 604 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93433 C93433

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1007 Light ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Ro. Cook

(Residence in Baltimore: No. 1007 Light St.; about 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February (Month) 5 (Day), 1856. (Year)

7-AGE, 60 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Thomas H. Starkey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Warrington

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert H. Cook

(Address) 1007 Light St.

15- MAR 23 1916 HARRY O ANDREWS,

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to Mch 21 1916, that I saw her alive on Mch 19 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis and Cardiac dilitation

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 3 mos. ds.

(Signed) H. Leroy Brown M. D.

Mch 22, 1916. (Address) 508 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, March 23 1916

20-UNDERTAKER Armstrong Demy Co

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93434 C93434

CERTIFICATE OF DEATH.

93

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Mordaga

(Residence in Baltimore: No. 1405 E Eager St.; 72 yrs., 9 mos. 16 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 16 (Day); 1843 (Year)

7-AGE, 72 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Priller

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Marie Knoble

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mathilda Flading

(Address) 1405 E Eager St.

15-

Filed MAR 23 1916, 191.....

HARRY O ADLERAWS, Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 22 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 15 1916, to Mar 22 1916, that I saw her alive on Mar 21 1916, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Pleurisy (Right Side)

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (Lying in one position constantly)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. L. Schadel M. D.

3/23/1916, 191... (Address) 1473 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, March 23, 1916

20-UNDERTAKER Henry Storck & Son

ADDRESS 1301 E Eager St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1004 N. Lombard ST.: 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Willey

3-Residence in Baltimore: No. 1004 N. Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 21st, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Melvin Willey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Olive Willey Gaines

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olive Willey

(Address) 1004 N. Lombard St

15- MAR 23 1916 HARRY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Louis Frantz M. D.
(Coroner)

March 22nd, 1916. (Address) 1302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	March 23 1916
20-UNDERTAKER	ADDRESS
John F. Fritsch	1200 N. Lombard St

Misc.—5-19-13—M. & T.—500 Bks.

C93436

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93436

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Hollins ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Mahan (Mahan)

(Residence in Baltimore: No. 1137 Hollins St. St.; 45 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May 15, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Ellen Mahan

(Address)..... 1137 Hollins st

15- MAR 23 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1914, to March 22 1916, that I saw h[illegible] alive on March 21 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Uter Hysteria
Multiple Neuritis
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY Toxemia
(Secondary)
(Duration) yrs. mos. 2 ds.

(Signed) E V Carcaran M. D.

Mar 23, 1916. (Address) 74 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	March, 1916.
20-UNDERTAKER	ADDRESS
John P Fitz	1200 E Lombard st

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93437

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 824 Harlem ave St. 16 WARD) REGISTERED No. C 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos H Beatty

(Residence in Baltimore: No. 824 Harlem av St.: 50 yrs. mos. ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: March 1832
(Month) (Day) (Year)

7-AGE: 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired 314
(b) General nature of industry, business, or establishment in which employed (or employer): Powder Maker

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James O'Beatty

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizabeth Lawrence

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James O'Beatty

(Address) 824 Harlem

15. MAR 23 1916 Filed ....., 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 21, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1916, to March 21 1916, that I saw h~~e~~ alive on March 21, 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Myocarditis

(Duration) — yrs. — mos. — ds.

(Signed) John H Evans M. D.

....., 191 (Address) 101 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 24 1916

20-UNDERTAKER: Daniel Corbin — ADDRESS: [illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93438

8

172

REGISTERED No. C 93438

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hosp ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Lansa

(Residence in Baltimore: No. 921 Fawn St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Mch (Month) 2nd (Day), 1864 (Year)

7-AGE, 52 yrs. 0 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE. (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Francis Lansa

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Machanda

(Address) 921 E Fawn St.

15-

Filed MAR 23 1916, 191... HARRY O ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mch (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Accident)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell on sidewalk

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward F Russell M. D. (Coroner.)

March 23rd, 1916 (Address) 6 E Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 10 da. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Highland Town Md

Former or usual residence 921 Fawn St

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Pt. Vincents Cem.	March 23 1916
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 W Lafayette

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93439 C93439

REGISTERED NO. C 227

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. Henrietta St.; 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Preston Devon Walker

(Residence in Baltimore: No. 18 E. Henrietta St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Jan (Month) 5 (Day), 1912 (Year)

7-AGE: 4 yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Saml K. Walker

11-BIRTHPLACE OF FATHER (State or country): Delaware

12-MAIDEN NAME OF MOTHER: Gertrude Ramsen

13-BIRTHPLACE OF MOTHER (State or country): Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Saml. K. Walker

(Address) 18 E. Henrietta

15- MAR 23 1916 Filed ..... 191 ..... HARRY O ARLANDS, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 22 (Month), 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8, 1916, to, March 22 1916, that I saw h[im] alive on March 22 1916, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ..... yrs ..... mos. 14 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. M Dennett M. D.

March 24 1916 [Address] 621 Columbia Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn	March 24 1916.
20-UNDERTAKER	ADDRESS
J. E. McGaw Inc	624 Mt. Royal Ave.

2 PM

Spec.—8-24-14—M. & T.—2000 Blks.

C93440

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93440

53

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1811 N. Calvert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Alen Dunn.

(Residence in Baltimore: No. 1811 N. Calvert St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR ~~OR RACE~~, White | 5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, August 12th, 1898
(Month) (Day) (Year)

7-AGE, 17 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph E. Dunn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Susie T. Gibbons

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sara E. Gibbons

(Address) 1811 N. Calvert St.

15- MAR 23 1916

Filed....., 191.... HARRY O ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1916, to Mar 22 1916, that I saw h[illegible] m alive on Mar 22 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(Duration) yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Howard Wheeler M. D.

Mar. 23., 1916 (Address) 1029 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. | DATE OF BURIAL, Mar 24/16

20-UNDERTAKER Henry W. Eastern Sons Co. | ADDRESS Fulton & Orchard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93441 C93441

CERTIFICATE OF DEATH. 170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N Calvert St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno Crumpton Keene

(Residence in Baltimore: No. 1805 N Calvert Street St.; 35 yrs., 8 mos. 10 ds.)

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-[illegible] MARRIED, Married, [illegible] (Write the word.)

6-DATE OF BIRTH, Feby (Month) 29 (Day), 1837 (Year)

7-AGE, 79 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mfgr 314
(b) General nature of industry, business, or establishment in which employed (or employer): Bedding

9-BIRTHPLACE, (State or Country), Intchy Miss

PARENTS.

10-NAME OF FATHER, Jno H. Keene

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Williams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William K. Keene

(Address) 1805 N Calvert St

15- Filed MAR 23 1916, 191[illegible] HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 21 1916, to Mar 21 1916, that I saw h[illegible]m alive on Mar. 21 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Chronic interstitial nephritis

Senility

(Duration) 5 or 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia (hypostatic) (Laying in one position constantly)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard Wilde Jr. M. D.

Mar 22, 1916 (Address) 1029 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Com

DATE OF BURIAL, 3-24, 1916

20-UNDERTAKER Hufferman Bros Co

ADDRESS McCulloh & Orchard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C9342 C9342

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 16 S Stockton ST.: 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Harden

(Residence in Baltimore: No. 16 S. Stockton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Feb. (Month) 3rd (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 1 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Saml Harden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Marshall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Harden

(Address) 16 S. Stockton

15- Filed MAR 23 1916, 191.. MARIE O ...., Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Paul S. Mallory M. D. (Coroner.)

March 21st, 1916. (Address) 1302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 23, 1916.

20-UNDERTAKER	ADDRESS
Jones & Dennis	1303 Pennsylvania

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93443 — 92 C93443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1549 N. Bruce ST.: 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Rucker

(Residence in Baltimore: No. 1549 N. Bruce St.: 20 yrs., 2 mos. 7 ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 14 (Day), 1855 (Year)

7-AGE, 51 yrs. 2 mos. 7 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): (Coal Cart) 622

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Rucker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Rucker

(Address) 1549 N. Bruce St.

15- Filed MAR 23 1916 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 21 1916, that I saw him alive on March 21 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Quinn M. D.

March 23, 1916. (Address) 1507 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 23, 1916

20-UNDERTAKER James F. Dennis — ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

C93444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C93444

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Eutaw ave ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Chiveral

(Residence in Baltimore: No. 1102 Eutaw ave St.; ....yrs. ....mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ...Mar.... (Month) 1 (Day), 1916 (Year).

7-AGE, ...yrs. ....mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, James L. Chiveral

11-BIRTHPLACE OF FATHER (State or Country), Baltimore city

12-MAIDEN NAME OF MOTHER Sarah J. Birch

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L Chiveral

(Address) 1102 Eutaw ave

15-

Filed MAR 23 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Mar.... (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1916, to Mar 22 1916, that I saw h[illegible] alive on Mar 21 191..., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

1 Premature Birth

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Mar 22, 191.6 (Address) 1038 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, March 23 191.6

20-UNDERTAKER Pickler Pickler

ADDRESS 1739 E. Eager

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93445

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

C93445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mun Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margaretha Vonderheide

(Residence in Baltimore: No. 722 Carrollton ave St.; 50 yrs., mos. ds.)

N. B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widowed

6-DATE OF BIRTH: September 24, 1842. (Month) (Day) (Year)

7-AGE: 73 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: H. Kuhlmann

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Marie Foths

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Kuhlmann.

(Address) 1837 N. Baltimore St.

15- Filed MAR 23 1916, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 22 1916, that I saw her alive on March 22 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Fracture of femur (right)

(Accidental fall down Stairway)

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart

(Duration) yrs. mos. 1/4 ds.

(Signed) R. F. Kieffer M. D.

March 23 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? 722 Carrollton ave

Former or usual residence 722 Carrollton ave.

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar. 24, 1916

20-UNDERTAKER: Mrs. Mrs. Jno W. Imfeld — ADDRESS: 801 N. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

C93446

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93446

152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital — ST.; [illegible] WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Hern

(Residence in Baltimore: No. 1424 E Oliver St.; yrs. mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, March 19, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ———
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Arthur Hern

11-BIRTHPLACE OF FATHER (State or Country), London, England

12-MAIDEN NAME OF MOTHER Elizabeth E. Cork

13-BIRTHPLACE OF MOTHER (State or Country), London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Lenderkes

(Address) Woman's Hsp.

15- MAR 23 1916, 191. HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1916, to Mar 22 1916, that I saw him alive on Mar 22 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) instrumental delivery

(Duration) ... yrs. ... mos. ... ds.

(Signed) S. J. Glass Jr. M. D.

..., 191... (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. 4 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1424 E Oliver St

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Mar. 22. 1916.

20-UNDERTAKER Robt D Turner ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C93447

HEALTH DEPARTMENT—CITY OF BALTIMORE

1720

C93447

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mpl. Gen. Hospt. St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W Thompson

(Residence in Baltimore: No. 829 N. Howard St. St.; 62 yrs., 11 mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, April 23, 1853
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 11 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John A Thompson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Sarah A Barker

13-BIRTHPLACE OF MOTHER (State or Country), Balto County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Jenkins

(Address) 1047 N Fanvale st

15-

Filed MAR 23 1916 HARRY O. ANDREWS, Registrar.
Serial Par...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20th 1916, to Mar. 22nd 1916, that I saw him alive on March 22nd 1916, and that death occurred, on the date stated above, at 8.10 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E Shipley M. D.

Mar 22nd 1916 (Address) Mt. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 829 N. Howard St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	March 24, 1916.

20-UNDERTAKER	ADDRESS
George F. Smith	1000 W Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

...c.—5-19-13—M. & T.—500 Bks.

C93448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93448

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Elliott Hawkins,

(Residence in Baltimore: No. 1334 Presstman St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 9th (Day) 1888 (Year)

7-AGE, 27 yrs. 8 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General Dry

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Elizah Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Sterrett

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion Wilson

(Address) 1807 Division St

15-

Filed MAR 23 1916 BY HARRY O. ... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18th 1916, to Mar 21st 1916, that I saw h[im] alive on Mar 20 1916, and that death occurred, on the date stated above, at 2.30A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry F. Brown M. D.

3/22/16, 191... (Address) 1501 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Mar 23, 1916

20-UNDERTAKER George W. Holland

ADDRESS 517 Robert St.

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93449

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93449

CERTIFICATE OF DEATH

10

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2731 H. Charles St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boozie O'Neill

(Residence in Baltimore: No. 2731 H Charles St.; 56 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
~~Female~~	White	Single

6-DATE OF BIRTH ~~Unknown~~, 1864
(Month) (Day) (Year)

7-AGE 52 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer) 321

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Corey O'Neill

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Eliz. Byrne

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul O'Neill

(Address) 2731 H Charles

15. MAR 23 1916 Filed ....., 191.. HARRY O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th, 1916, to March 21st 1916, that I saw her alive on March 20th, 1916, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Influenzal Septicaemia

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William J. Messick M. D.

March 22 1916 (Address) 1700 Linden ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL Catholic Cem. | DATE OF BURIAL March 24, 1916

20-UNDERTAKER Wm. F. Gallagher & Son | ADDRESS 518 E. Lexington St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93450

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C93450

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1525 Kennett St. 13 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Le Roy Berney Eisel

(Residence in Baltimore: No. 1525 Kennett St.; yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1916 or Mar 21 (Month) (Day) (Year)

7-AGE: ..... yrs. 4 mos. ..... ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Unknown City

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

MAR 23 1916

Filed ....., 191 .....

MARK O ADAMS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Mar 21, 1916. to ..... 191 ....,
that I saw h[illegible] alive on Mar 21, 1916,
and that death occurred, on the date stated above, at 1 A m.
The CAUSE OF DEATH* was as follows:

Tumefaction first developed about 1 wk ago afterwards Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 7 ..... ds

Contributory (SECONDARY) Exhaustion of lungs

(Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) Edwin J. Hatchett M. D.

Mar 22 1916 (Address) 1807 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 23 1916

20-UNDERTAKER: Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

120

13696

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93451 (93451)

89

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 315 N. Bethel ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dalter

(Residence in Baltimore: No. 315 N. Bethel

St.; yrs., 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Known, 1
(Month) (Day) (Year)

7-AGE, Estimated 1 yrs. 8 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Dalter

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Edna Hutchinson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Lawson

(Address) 315 N. Bethel St

15- Filed MAR 27 1916, 191. HARRY O ANDREWS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Capillary

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) No history of any Eruptive disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. M. Jones M. D.
(Coroner.)

M. 27 1916 (Address) 316 Dillwell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, March 29 1916.

20-UNDERTAKER Helen W Henderson

ADDRESS 39 Cand Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93452 C93452

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2044 S Charles St. ST.; 23 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma B Wilson

(Residence in Baltimore: No. 2044 S Charles St. St.; 32 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1883.
(Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work at home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Stephen M Lynch

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W. Wilson

(Address) 2044 S. Charles St.

15- MAR 23 1916 HARRY O ANDREWS, Registrar.
FILED ....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1916, to March 22 1916, that I saw h[illegible] alive on March 22 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) Jas A Dorsey M. D.

March 23 1916 (Address) 107 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leda Hill Cem DATE OF BURIAL, March 25, 191...

20-UNDERTAKER, M W J & E Boyd & Sons ADDRESS 1420 E. Chas

21

Spec.—8-24-14—M. & T.—2000 Blks.

C93453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C93453

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homeopathic Hospital — St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Infant Smith

(Residence in Baltimore: No. 1030 Eutaw Place St.; ...yrs.,...mos. 1 ds.)

MARGIN RESERVED—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
MALE	White	

6-DATE OF BIRTH, MAR 22nd (Month), (Day), 16 (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 15 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, B. Stolly Smith Jr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Porter Dulaney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. M. Frantum

(Address) Homeo. Hospital

15- Filed MAR 23 1916, 191... MARY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1916, to Mar 23 1916, that I saw h.m alive on Mar 23 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Congenital atheliectasis

(Duration) ...yrs...mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) S. D. Glass Jr. M. D.

3-23., 1916. (Address) Homeo. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos. 1 ds. In the State ...yrs...mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Mar. 23., 1916.
20-UNDERTAKER.	**ADDRESS**
E. M. Mitchell & Co	1201 W. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93454 92 C93454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 N. Franklin ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Minogue

(Residence in Baltimore: No. 849 N. Franklin St.; 64 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 25, 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coat-maker
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor 48 W

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas O'Meara

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mulhenny

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J. Doyle

(Address) 857 N. Franklin St.

15- Filed MAR 23 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to March 22 1916, that I saw h[er] alive on March 21 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. G. Clark M. D.

March 22, 191... (Address) 201 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	March 24, 1916
20-UNDERTAKER	ADDRESS
John J. Bowman & Son	901 Collins St

Conrad Kamp.

Spec.—8-24-14—M. & T.—2000 Bks.

93455

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 93455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Lee St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Kamp

(Residence in Baltimore: No. 315 Lee St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1843 (Year)

7-AGE, 73 yrs. 2 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter 718
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Mann

(Address) 318 Lee St

15- MAR 23 1916 Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1914, to March 22 1916

that I saw him alive on March 21 1916

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard Jones M. D.

March 23 1916 (Address) Lemmon Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, March 26, 1916

20-UNDERTAKER Chester W. Dill ADDRESS 2109 Frederick Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93456 92 C93456

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Lecke

(Residence in Baltimore: No. 1921 N. Franklin St. St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Aug (Month) ..... 1 (Day) ..... 1855 (Year)

7-AGE, 57 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper 96
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Henry F Lecke

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Caroline Beale

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida J. Lecke

(Address) 1921 N. Franklin St.

15- Filed MAR 23 1916 191.....

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to Mar 20 1916, that I saw h-- alive on Mar 20 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

..... Influenza Lg - Acute .....

.....

.....

..... (Duration) 5 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility

..... (Duration) yrs. mos. 3 ds.

(Signed) Burns S. Schaffer M. D.

Mar. 20, 1916. (Address) 1 E. 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 21 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1921 N Franklin St. Balto

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, MAR 24 1916

20-UNDERTAKER Geo A. Gerber

ADDRESS Back & Bryson

(Over)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C93457

C93457

REGISTERED No. C_____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 E Pratt St ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Goldbach

(Residence in Baltimore: No. 2212 E Pratt St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, November 11, 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 3 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andrew Goldbach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Stemmetz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo G Goldbach

(Address) 2212 E Pratt St

15-MAR 23 1916 ROBERT . KRAUTER,
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 1915, to Mch 21 1916, that I saw h[illegible] alive on March 20th 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
Clinical Diagnosis confirmed by X Ray
(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis
(Duration) yrs. mos. ds.

(Signed) Albertus Cotton M. D.
3/22, 1916 (Address) 1303 Mida

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	March 23, 1916.
20-UNDERTAKER	**ADDRESS**
Randall Hysel & Son	57 Penna Ave

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93458 154 C93458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1011 Fisguith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Emge

(Residence in Baltimore: No. 1011 Fisguith St.; 50 yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, November (Month) 15 (Day), 1839 (Year)

7-AGE, 76 yrs. 7 mos. 7 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John. D. Horstmann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rebecca Rosner

(Address) 1011 Fisguith St

15- MAR 23 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19th 1916, to March 22nd 1916, that I saw h Ep alive on March 20th 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) E. E. Horn M. D.

March 23rd, 1916 (Address) 1507 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	March 25, 1916
20-UNDERTAKER Henry Hock & Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93459

CERTIFICATE OF DEATH.

(93459

1-PLACE OF DEATH 109

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 8 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Culleton

(Residence in Baltimore: No. 1202 N. Bond St. St.; 50 yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	single

6-DATE OF BIRTH, Aug. 1st, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Seaman 506
(b) General nature of industry, business, or establishment in which employed (or employer): Light House keeper at Fort Carroll

9-BIRTHPLACE, (State or Country), Newfoundland

PARENTS.

10-NAME OF FATHER, Laurence Culleton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Katharine Rowe

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Culleton

(Address) 1202 N. Bond St

15- MAR 23 1916 ROBERT . KRAUSE
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 23 1916, that I saw him alive on March 23 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Strangulated Umbilical Hernia (Duration) ... yrs. ... mos. 5 ds.

(Signed) J. W. Winton Clift M. D.

March 23 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 3 ds. In the State 53 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1202 N. Bond St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	March 27, 1916.
20-UNDERTAKER Herring Worth & Son	ADDRESS 1301 E Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93460

CERTIFICATE OF DEATH.

154

C93460

REGISTERED No. C.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1007 E Eager ST.; 10th WARD)

2-FULL NAME George C. Crawford

(Residence in Baltimore: No. 1007 E Eager St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 216
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pork Butcher

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, Robert K. Crawford

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Hannah Schib

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clara L. Crawford.

(Address) 1007 E Eager St.

15- MAR 23 1916 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... March (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to March 22nd 1916, that I saw him alive on March 21st 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

..... Senile City .....

..... (Duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

March 22, 1916 (Address) 1501 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 25, 1916.
20-UNDERTAKER Henry Hoerth & Son	ADDRESS 1301 E Eager

MARKING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-[illegible]13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93461

C93461

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 W. Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael C. Hughes

(Residence in Baltimore: No. 754 W. Hamburg St.; 57 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March — , 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 725

9-BIRTHPLACE, (State or Country), Fayetteville Pa

PARENTS.

10-NAME OF FATHER, Michael Hughes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mulcahy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Raymond Hughes

(Address) 754 W. Hamburg st

15- Filed MAR 23 1916, 191... ROBERT . KRAUTHER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 15 1915, to March 20 1916, that I saw h[illegible] alive on 20th March 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

He spent several months

at Sabillasville (Duration) ... yrs. 14 mos. ... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) E. J. Millspaugh M. D.

3-21-16 191... (Address) 115 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, March 24 1916

20-UNDERTAKER James Dignan's Son

ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

8

C93462

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 C93462

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 E. Pratt ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Sauer

(Residence in Baltimore: No. 1712 E. Pratt St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, not known ..... (Month) ..... (Day) 1828 (Year)

7-AGE, 88 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. Sommerman

(Address) 1712 E. Pratt St.

15- Filed MAR 23 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1st 1916, to Mar. 22 1916, that I saw h[er] alive on Mar. 20 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Infirmities old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. N. Higgins M. D.

March 23, 191... (Address) 1712 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Evangelical — DATE OF BURIAL, March 25 191..

20-UNDERTAKER H. Sander & Sons — ADDRESS 710 Fleet St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93463 C93463

CERTIFICATE OF DEATH.

92

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Eutaw Place St.; 14 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James William Stoddard

(Residence in Baltimore: No. 1511 Eutaw Place St.; 54 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... September ..... (Month) ..... (Day), 1861 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Business Manager. 313
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Balto. Cemetery Co.

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, James H Stoddard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kate Pascoe Hood

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Stoddard

(Address) 1511 Eutaw Place

15- ROBERT . KRAUTHER,

Filed MAR 23 1916 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 22nd 1916, that I saw h[illegible] alive on March 22nd 1916, and that death occurred, on the date stated above, at 4-10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. P. McCormick M. D.

March 23rd, 1916 (Address) 1421 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	March 25 1916
20-UNDERTAKER	ADDRESS
H D Hughes 17	S Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

Registered No. C.....

PLACE OF DEATH

City of Baltimore (No.) 232 S. Calhoun St.: 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-Full name Jno. E. McKenzie

(Residence in Baltimore: No. 232 S. Calhoun St. 23 yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 5th (Day), 1893 (Year)

7-AGE,	If LESS than 1 day,
23 yrs. 16 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer): 311

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Albert Mc Kenzie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mahala Ridgley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Mc Kenzie

(Address) 232 S. Calhoun

15- MAR 23 1916 Filed....., 191.... ROBERT J. KRAUTER, Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) John W. Hunter M. D. (Coroner)

March 22nd, 1916. (Address) 2303 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	3/23/16
20-UNDERTAKER	ADDRESS
Wilkins Cook	507 L North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93465 — 119 — C93465

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 741 N. Milton St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Hladky

(Residence in Baltimore: No. 741 N. Milton Ave St.; 20 yrs., 9 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 28 (Day), 1895 (Year)

7-AGE, 20 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Hladky

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Rzounek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hladky

(Address) 741 N. Milton Ave

15- MAR 23 1916 191.... ROBERT . KRAUSS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 21 1916, that I saw h.r alive on March 21 1916, and that death occurred, on the date stated above, at 5.50P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis Oedema of Lungs

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Mastenbrook M. D.

Mar. 24, 1916. (Address) 1570 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 24 1916.
20-UNDERTAKER	ADDRESS
Frank Brack & Son	1046 Eastern Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93466 50 C93466

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 W North Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Kleineibel

(Residence in Baltimore: No. 1722 W. North ave St. 22 yrs. x mos. x ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct (Month) 28 (Day), 1862 (Year)

7-AGE: 53 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... m'n.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: No
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Jacob Goldsmith

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Yetta Goldsmith

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Goldsmith

(Address) 1342 W. North Ave

MAR 23 1916 Filed ....., 191.....

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1916, to, Mar 23 1916, that I saw h-r alive on Mar 22 1916, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 1 yrs. x mos. x ds.

Contributory (SECONDARY) Diabetic Coma

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Edw Jellott M. D.

Mar 23 1916 [Address] 1353 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Chev Sholom Cem

DATE OF BURIAL: Mch 24 1916

20-UNDERTAKER: Howard Goodman

ADDRESS: Gilmor Ave

C93467

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93467

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 908 Shutter ST. 7 WARD)

2-FULL NAME Gertrude Trogdon

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 908 Shutter St.: 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Child

6-DATE OF BIRTH March 15th, 1915
(Month) (Day) (Year)

7-AGE 1 yrs. 8 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Joe Trogdon

11-BIRTHPLACE OF FATHER (State or country) N. Carolina

12-MAIDEN NAME OF MOTHER Gertrude Pool

13-BIRTHPLACE OF MOTHER (State or country) N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Trogdon

(Address) 908 Shutter St.

15- MAR 23 1916 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18th, 1916, to March 21st 1916, that I saw her alive on March 21st, 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) — yrs. — mos. 10 ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Francis C. Sauer M. D.

March 22, 1916 (Address) 937 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Grn	Mar 24th, 1916
20-UNDERTAKER	ADDRESS
Harry A. Vodrey	1725 Orleans St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93468 — 91 — C93468

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine E. Billingslea

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, March 2, 1906. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
10 yrs. ..... mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. S. Billingslea

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katharine E. Bell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. James S. Billingslea (Father)

(Address) Pasadena A&E Md

15- Filed MAR 23 1916, 191.... ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 22 1916, that I saw her alive on March 22 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Houston Toulson M. D.

March 22, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Elraton, Md

Former or usual residence " "

19-PLACE OF BURIAL, OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAR. 24 1916.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93469 C93469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1520 E. Madison St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Walz

(Residence in Baltimore: No. 1520 E. Madison St.; 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. 7, 1844.
(Month) (Day) (Year)

7-AGE 84 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Answers

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Herman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER (Not given)

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Walz

(Address) 1520 E. Madison

15- Filed MAR 23 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 22 1916, that I saw h[illegible] alive on March 22 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

About 10 Days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. Bastuscl M. D.

March 24, 1916 (Address) 2927 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	March 26, 191..
20-UNDERTAKER Zerkler Bros.	ADDRESS 1139 E. Eager

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93470

CERTIFICATE OF DEATH

91

C93470

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 N. Carrollton Ave. ST.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilmer Thomas

(Residence in Baltimore: No. 329 N. Carrollton Ave. St.; 34 yrs. 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Oct. (Month) 1st (Day), 1881 (Year)

7-AGE 34 yrs. 5 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Paca Loan Co. 927

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER David P. Thomas

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Mary V. Shea

13-BIRTHPLACE OF MOTHER (State or country) Kenton N. H.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Glen M. Riley

(Address) 760 Elmora Ave

15- MAR 23 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March. (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March. 20, 1916, to, March 22 1916, that I saw h.im alive on March 22 1916, and that death occurred, on the date stated above, at 1.35 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Collapse.

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) ..... yrs ..... mos. 16 ds.

(Signed), Arthur H. Thompson M. D.

March. 22, 1916. [Address] 2506 Eastern Ave,

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 25 1916
20-UNDERTAKER Jos D. Cook	ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93471 C93471

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 N Carey ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George albert Grinage

(Residence in Baltimore: No. 1332 N Carey St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 20, 1870 (Month) (Day) (Year)

7-AGE, 45 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John N. Grinage

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary V. Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Grinage

(Address) 332 N Carey St

15- Filed MAR 24 1916, 191.... HARRY O ANDREWS REGISTRAR OF VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 23 1916, that I saw h me alive on March 23 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: (1) Pneumonia (Lobar)

(Duration) ....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ....yrs....mos....ds.

(Signed) W. G. Smith M. D.

3-23, 1916 (Address) 118 W Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 25, 1916

20-UNDERTAKER Dennis Dwyer — ADDRESS 1364 N Carey

MARGIN RESERVED FOR PERMANENT RECORD

N. B.—USE INDELIBLE INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93472) (93472)

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 951 N. Collington Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin V. Drumgoole

(Residence in Baltimore: No. 951 N. Collington Ave St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH. Dec 8, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Moulder (Iron)
(b) General nature of industry, business, or establishment in which employed (or employer): 323

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Patrick Drumgoole

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ann

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mackabee

(Address) 951 N. Collington Ave.

15-Filed MAR 24 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21. 1916, to March 23 1916, that I saw h alive on March 23rd, 1916, and that death occurred, on the date stated above, at 7-15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Dr. Postgraduate

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 1 ds.

(Signed) Albert G Bingaman M. D.

3/24/, 1916 (Address) 15 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cemetery

DATE OF BURIAL. Mar 25 1916

20-UNDERTAKER Robert J Turner

ADDRESS 1142 Broadway

MARGIN RESERVED

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93473 C93473

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. James W. Richardson

(Residence in Baltimore: No. 3029 N North Ave, Baltimore St.: 62 yrs., 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, ... Jan (Month) ..... 1 (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. 2 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer)..... Commission

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Richardson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Blagett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mabel Richardson

(Address) 3029 N North Ave.

15- MAR 24 1916 191.. HARRY O ANDREAS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar (Month) ..... 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 5 1916, to Mar 21 1916, that I saw h[im] alive on Mar 21 1916, and that death occurred, on the date stated above, at 9 P m. The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration).....yrs.....mos....2....ds.

CONTRIBUTORY (Secondary) Pelvic Sigmoid Abscess. This was drained, Infiltration followed. (Duration).....yrs.....mos.....ds.

Duration of illness - 2 wks

(Signed).....Bonnie S. Chaffee.....M. D.

Mar 21, 1916. (Address) Union Prot. Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. 17 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3029 N. North Ave. Baltimore

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Mar 24 1916.

20-UNDERTAKER Wm J Hickey & Sons ADDRESS North & Penna

MARGIN RESERVED FOR PERMANENT RECORD—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93474 C93474

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kent.

(Residence in Baltimore: No. 1620 E. Fort. ave. St.; — yrs. 7 mos. — ds.)

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 17, 1874
(Month) (Day) (Year)

7-AGE 61 yrs. 7 mos. 5 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Soldier

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nolan

(Address) 16 N. Fulton Ave.

15- MAR 24 1916

Filed ....., 191.. HARRY O ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1916, to Mar. 22 1916, that I saw h-ive alive on Mar 22 1916, and that death occurred, on the date stated above, at 4 a, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. A. Marr, M. D.

3/22, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence 162 Fort ave.

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar 24, 191..

20-UNDERTAKER: H. Rickner & Son — ADDRESS: North Ave

C93475

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93475

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. St.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Covington

(Residence in Baltimore: No. 105 N. Carlton St.; yrs., 6 mos. 2 ds.)

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 2, 1910
(Month) (Day) (Year)

7-AGE, 6 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Thomas Covington

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Victoria Larkin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Larkin

(Address) 105 N. Carlton St.

15-Filed MAR 24 1916 HARRY O ANDREWS, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Clothing ignited from hot stove

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sam'l Bunting M. D.
(Coroner)

March 22nd 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

105 N. Carlton St.

Former or usual residence 105 N. Carlton St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Mar 24 1916

20-UNDERTAKER Talbot Bros. ADDRESS 806 W. Monument St.

Spec. — 5 24 14 — M. & T. — 2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93476

C93476

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1067 W Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V Fielder

(Residence in Baltimore: No. 1067 W Lexington St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 844

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, John Fielder

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fielder

(Address) 1067 W. Lexington

15-Filed MAR 24 1916, 191.. HARRY O ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 24 1916, that I saw her alive on March 24th 1916, and that death occurred, on the date stated above, at 4 50 m.

The CAUSE OF DEATH* was as followa:

1st Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H B Lashmit M. D.

3/24, 1916. (Address) 1041 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Green — DATE OF BURIAL, March 24, 1916.

20-UNDERTAKER Alfred J Fuchs — ADDRESS 114 N Schroeder St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93477

40 C93477

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 945 Sommerset St. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emma Whitlock

(Residence in Baltimore: No. 945 Sommerset St.: 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) ..... (Day), 1860 (Year)

7-AGE: 55 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Stover work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Kent County Md

PARENTS

10-NAME OF FATHER: Jas Moffett

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Martha Eddington

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Adams

(Address) 803 N Chapel St

15. Filed MAR 24 1916, 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1916, to March 22nd 1916; that I saw h[er] alive on March 22nd, 1916, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Stomach
Six months.
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs Nelson White M. D.

March 22nd 1916. (Address) 1819 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St Matthews — DATE OF BURIAL: March 26. 1916

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond st

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93478

C93478

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

2-FULL NAME Wm Harvey (Harvey)

Residence in Baltimore: No. 1607 E. Eager St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Sigle

6-DATE OF BIRTH. March 11, 1888
(Month) (Day) (Year)

7-AGE. 28 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shirt Factory
(b) General nature of industry, business, or establishment in which employed (or employer)..... Foreman 23d

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, John M. Harvey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Lanahan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Phelps

(Address)..... Johns Hopkins Hosp.

15- MARRY O ANDREWS,

Filed MAR 24 1916 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 21 1915, to Mar 22 1916, that I saw h[illegible]alive on Mar 22 1916, and that death occurred, on the date stated above, at 5:50 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Renal and Peritoneal

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. 6 mos. ds.

(Signed) J. Edwin F. Davis M. D.

Mar 23, 1916 (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. L mos. ds. In the State L yrs. mos. ds.

Where was disease contracted, if not at place of death? L

Former or usual residence 1607 E. Eager St.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 26 1916

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N Bond St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 (93479)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 629 Raborg St.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Green

(Residence in Baltimore: No. 629 Raborg St.; yrs., 47 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH, July 7, 1862.
(Month) (Day) (Year)

7-AGE, 53 yrs. 8 mos. ds.
If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 2-43
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W Green
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Emely Jackson
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary D. Whittington
(Address) Edmondson Ave.

15-
MAR 24 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 22nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. Sarage M. D.
(Coroner.)
March 23, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery
DATE OF BURIAL MAR 24 1916

20-UNDERTAKER Samuel T Kemsley
ADDRESS 578 N Dallas

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form —5-19-13—M. & T.—500 Blks.

C93480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C93480

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Dunn.

(Residence in Baltimore: No. St. Vincents Infant Asylum. St.; ...yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ..Jan.. (Month) 5th (Day), 1916 (Year)

7-AGE, ..yrs..2..mos..19..ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..None..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..St. Vincents.....

(Address)..1701 Division St.....

15-

Filed MAR 24 1916, 191... NAME OF ATTEST, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..March.. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 23 1916, that I saw her alive on March 23 1916, and that death occurred, on the date stated above, at 2.00 a. m.

The CAUSE OF DEATH* was as follows:

.....Congenital Syphilis.....

..... (Duration)...yrs...mos...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)...yrs...mos...ds.

(Signed)..Charles O Dwyer..M. D.

March 24, 1916. (Address)..1 E. Read St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 23 ds. In the State yrs. 2 mos. 19 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 24 1916.

20-UNDERTAKER Martin Feeley & Son ADDRESS, 606 Lafayette Ave.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93481 91 C93481

CERTIFICATE OF DEATH.

1—PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. St Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME May Towsend

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE.	5—SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6—DATE OF BIRTH, February (Month) 2 (Day), 1915 (Year)

7—AGE, 1 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Maryland

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Unknown

12—MAIDEN NAME OF MOTHER, Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15—MAR 24 1916 HARRY C ANDREWS, Filed....., 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March (Month) 20 (Day), 1916 (Year)

17— I HEREBY CERTIFY, That I attended deceased from March 15th 1916, to March 20 1916, that I saw her alive on March 20 1916, and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward O'Brien M. D.

March 21, 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 10 ds. In the State 6 yrs. 6 mos. 18 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Inf Asylum

19—PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cem	Mar. 24 1916
20—UNDERTAKER	**ADDRESS**
Martin Frahezo Key	106 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

Spec.—8-24-14—M. & T.—2000 Bks.

093482 093482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Ethel ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Richard Hall—

(Residence in Baltimore: No. 2232 Ethel St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Cement Works
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md

12-MAIDEN NAME OF MOTHER Lyda Sheridan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lyda Sheridan

(Address) 2232 Ethel Street

15-MAR 24 1916 HARRY O ANDREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/23 (Month) (Day), 19 16 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/8 1916, to 3/23 1916, that I saw him alive on 3/23 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

P. H. Thrombosis

Pulmonalis

..... (Duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ben R. Lutta M. D.

3/23, 1916 (Address) 2134 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, March 25, 1916.

20-UNDERTAKER Felix B. Pye

ADDRESS 102 E. Mulberry St.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C93483 C93483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 11 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen J Lanier

(Residence in Baltimore: No. 507 Hargrove al St. Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH March (Month) 14 (Day) 1907 (Year)

7-AGE, 9 yrs. mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... school
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Samuel Lanier

11-BIRTHPLACE OF FATHER (State or Country), N. Ca

12-MAIDEN NAME OF MOTHER Annie Spencer

13-BIRTHPLACE OF MOTHER (State or Country), N. Ca.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lanier

(Address) 507 Hargrove al

15-
Filed MAR 24 1916, 191. CLERK O ANSERS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 22nd (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burned
Her clothes became ignited by a
burning stove (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W Reid Talbot M. D.
(Coroner.)
March 23 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State 2 Life yrs. 2 mos. 2 ds.

Where was disease contracted, if not at place of death?
507 Hargrove al

Former or usual residence 507 Hargrove alley

19-PLACE OF BURIAL OR REMOVAL, Laurel Country — DATE OF BURIAL, March 25 1916

20-UNDERTAKER Felix P. Pope — ADDRESS 102 E Hamburg

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93484 C93484

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Penna Ave ST.: 14 WARD)

2-FULL NAME Peter Christen (Christin)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2101 Penna Ave St.; 6 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, Don't know ....., 1846
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
70 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired Candy 31+
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Maker

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, James Christen

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Christen

(Address) 2101 Penna Ave

15-

MAR 24 1916

Filed ..... 191.. MARY O ARRANS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19 1916, to March 23 1916, that I saw h[illegible] alive on March 23 1916, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) E Markham Ford M. D.

March 24, 191.. (Address) 1921 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	March 24 191 6.
20-UNDERTAKER Daniel Gorton	ADDRESS 916 Pa ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93485 C93485

CERTIFICATE OF DEATH.

120 119

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 752 Waesche ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Scott

(Residence in Baltimore: No. 752 Waesche St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan. (Month) 15 (Day), 1860 (Year)

7-AGE, 56 yrs. 2 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Thompson

(Address) 752 Waesche St

15- MAR 24 1916 Filed, 191... HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 4 1916, to Mch 21 1916, that I saw her alive on Mch 21 1916, and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) Gone to Know

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) W. E. Hughes M. D.

Mch 22 191 6 (Address) 1413 Mt. Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Mar. 24, 1916

20-UNDERTAKER Geo. H. Holland

ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93486

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C93486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (509 Hanover St) REGISTERED NO. C .....

CITY OF BALTIMORE: (No. ..... St Raphaels Home ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Sperangza

(Residence in Baltimore: No. 1000 Hamburg St St.; 1 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Unknown, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓ None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Christopher Sperangza

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Annie Perrica

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Joseph Perrica.....

(Address) .....1000 Hanover St.....

15- MAR 24 1916 Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to March 23 1916, that I saw h.. alive on March 22 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

.....Bronchitis (Acute).....

.....

.....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ....John S. Bishop.....M. D.

March 24, 1916. (Address) 828 N. Castellton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State 1 yrs. 4 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1000 Hamburg St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Vincents Cem	March 26 1916

20-UNDERTAKER	ADDRESS
Tilly & Zula	403 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93487

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93487

100

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Broadway St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis E Pontier Sr

(Residence in Baltimore: No. 802 N. Broadway St.; 55 yrs., 7 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 3rd (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 7 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 330

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John S. Pontier

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Josephine Masters

13-BIRTHPLACE OF MOTHER (State or Country), Lancaster Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Pontier

(Address) 802 N Broadway

15- MAR 24 1916 Filed....., 191.... HARRY O ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 1916, to March 23rd 1916, that I saw him alive on March 22nd 1916, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Heart failure due to Arteriosclerosis (Duration) .....yrs. .....mos. 4hrs ds.

(Signed) Chas B. Fisher M. D.

March 23rd, 1916. (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	March 25 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93488

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93488

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1707 N Carolina ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brodie

(Residence in Baltimore: No. 1707 N Carolina St.; 63 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
~~White~~ Male	White	married

6-DATE OF BIRTH: April (Month) 11 (Day), 1852 (Year)

7-AGE: 63 yrs. 11 mos. 12 ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Surveyor 152
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Brodie

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Phoebe Vaughan

13-BIRTHPLACE OF MOTHER (State or country): Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Robert Brodie

(Address): 2106 Eastman ave

15- MAR 24 1916 — HARRY O ANDERSON, Burial Permit Clerk

Filed ..., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14, 1916, to, March 23 1916, that I saw h~~im~~ alive on March 23 1916, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis +
Uremic Coma +
Acute Dilatation of Heart

(Duration) ... yrs. ... mos. 00 ds.

Contributory (SECONDARY): Interstitial Nephritis

(Duration) ... yrs. ? mos. ... ds.

(Signed), R P Carman M. D.

March, 1916 [Address] 1707 N Carolina

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... In the du. State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: March 26th 1916

20-UNDERTAKER: George Schilling & Sons — ADDRESS: 126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93489 C93489

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Ensor St. ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mazer - Lee

(Residence in Baltimore: No. 802 Ensor St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write this word.) single

6-DATE OF BIRTH, Feb 10, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Lee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jacob Stewart

(Address)..... 902 Ensor St

15-

Filed MAR 24 1916 1916 Burial Permit 9149

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 21 1916, that I saw h.m alive on March 21 1916, and that death occurred, on the date stated above, at 10.55 p.m.

The CAUSE OF DEATH* was as follows:

Pyaemia

Pneumonia

Hemiplegia of Insanity

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Hemiplegia of Insanity

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Dr. G. W. Kennard M. D.

March 24 1916 (Address) 708 Ensor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Leaves	March 24 1916
20-UNDERTAKER	ADDRESS
Robert A Elliott	1118 N Gay St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93490 C93490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Eastern Ave St.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Joseph Ditro

(Residence in Baltimore: No. 817 Eastern Ave St.; — yrs., 4 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 1st (Day) 1915. (Year)

7-AGE, — yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Henry Ditro

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine DeGrindee

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Ditro

(Address) 817 Eastern Ave.

15- Filed MAR 24 1916, 191... MARY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 23 1916, that I saw him alive on March 22 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Eisenberg M. D.

March 23, 1916 (Address) 220 S. Dallas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL. Mar. 24 1916

20-UNDERTAKER Randell Lippel Son

ADDRESS 330 S. Bond

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93491 92 C93491

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2949 N Charles St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Frederic Krauz

(Residence in Baltimore: No. 2943 No. Charles St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH April 14, 1860
(Month) (Day) (Year)

7-AGE 55 yrs. 11 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Piano Dealer 655
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland (City)

PARENTS

10-NAME OF FATHER Geo. Nicholas Krauz

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Schmidt

13-BIRTHPLACE OF MOTHER (State or country) Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr F M Gutman

(Address) 2943 N Charles st

15. Filed MAR 24 1916, 191 HARRY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 22, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 23, 1916, to, March 21 1916, that I saw h[illegible] alive on March 21, 1916, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Cause of Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) F F Gutman M. D.

March 23, 1916 (Address) 726 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL March 25, 1916

20-UNDERTAKER George J. Smith | ADDRESS 1050 W Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93492 C93492

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ratuiska

(Residence in Baltimore: No. 1113 Binney St.; 0 yrs., 0 mos. 0 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20, 1916. (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 0 hrs. or (55) min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Raymond Ratuiska

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Ratuiska, Mary

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tuchuski

(Address) John Hopkins Hospital

15-

Filed MAR 25 1916, 191... ROBERT . KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to Mar. 20 1916, that I saw her alive on March 20 1916, and that death occurred, on the date stated above, at 10 35 P m.

The CAUSE OF DEATH* was as follows:

Prematurity.

5 hours before birth.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Post mortem wounds. Left forearm crushed amputated.

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. M. L. Mulles M. D.

March 21 1916. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, MAR 25 1916

20-UNDERTAKER Commissioner Health

ADDRESS

FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93493 **CERTIFICATE OF DEATH.** 151 C93493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 WARD) REGISTERED NO. C .....

2-FULL NAME Baby Cutler

(Residence in Baltimore: No. 220 Biddle St St.; .....yrs., ...mos. .....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	black	

6-DATE OF BIRTH, May 21, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 14 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Cutler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Murray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. R. Galvin

(Address) Mercy Hosp

15- Filed MAR 25 1916, 191... ROBERT J. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1916, to March 21 1916, that I saw h[illegible] March 21 1916, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows: —

Malnutrition

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) .....yrs. .....mos. .....ds.

(Signed) Edward P. Davis M. D.

May 25, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	....., 191...
20-UNDERTAKER Commissioner Health	ADDRESS

Wm. F. WOODALL

Cremated

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93494 91 C93494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Foley

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Foley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret O'Rourk

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-MAR 25 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191, to 191,

that I saw h[illegible] alive on March 18 191[illegible],

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

I. Broncho-pneumonia

10 Days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

[illegible] (Duration) yrs. mos. ds.

(Signed) F. D. Watman M. D.

March 24 1916. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 25, 1916.

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Fremont Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93495 C93495

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3669 Old York Road ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. E. Rohling

(Residence in Baltimore: No. 3669 Old York Road St.; 84 yrs., 5 mos. 29 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, September (Month) 25 (Day) 1831 (Year)

7-AGE, 84 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, William Fox

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Charlotte Chester

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ellen J. Stephan

(Address) 3669 Old York Road

15- ROBERT . KRAUTER,
Filed MAR 25 1916, 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 24 1916, that I saw h.r alive on March 23 1916, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) accidental yrs. mos. ds.

CONTRIBUTORY (Secondary) Vertigo + Fall on March 20/16

(Duration) yrs. mos. 4 ds.

(Signed) John Evans M. D.

3/24, 1916. (Address) 807 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 26, 1916
20-UNDERTAKER	**ADDRESS**
Henry Horck Son	1301 E Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93496 — 19 C93496

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E Federal ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret. Y. Purdy

(Residence in Baltimore: No. 1006 E Federal St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Mar 6 (Month), 6 (Day), 1855 (Year)

7-AGE, 61 yrs. 16 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Wm Whiteside

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Hewitt

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm N. Purdy

(Address) 1006 E Federal

15- MAR 25 1916 ROBERT . KRAUTH, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 20 1916, to Mar 23 1916, that I saw her alive on Mar 22 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

..... (Duration) yrs. 2 mos. ds.

(Signed) R. L. Campbell M. D.

Mar 23, 1916 (Address) 1614 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, Mar 25, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93497

C93497

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Watermayer ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mettle

(Residence in Baltimore: No. 1841 Watermayers Court St.; 38 yrs., 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Marrie

6-DATE OF BIRTH, Feb 4, 1878.
(Month) (Day) (Year)

7-AGE, 38 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laathei 28
(b) General nature of industry, business, or establishment in which employed (or employer)..... House

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Mettle

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Hoffmeister

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George E. Mettle

(Address) 1503 N. Stricker St.

15- MAR 25 1916 ROBERT . KRAUTHER, Burial Permit Clerk

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 23 1916, that I saw him alive on Mar 22 1916, and that death occurred, on the date stated above, at 6.3A m.

The CAUSE OF DEATH* was as follows:

1. Interculer Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. William Frey M. D.

Mar 23, 1916. (Address) 1927 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, March 26 1916

20-UNDERTAKER Wm Cook ADDRESS 502 ½ Northwd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93498

HEALTH DEPARTMENT—CITY OF BALTIMORE

174

C93498

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Argent,

(Residence in Baltimore: No. Non-resident, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, Unknown, (Month) ..... (Day) ....., 1 (Year)

7-AGE, 18 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Furnace tender,
(b) General nature of industry, business, or establishment in which employed (or employer) Iron works, 735

9-BIRTHPLACE, (State or Country), North Carolina,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant,

(Address) .....

15- Filed MAR 25 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries causing internal haemorrhage following blow across abdomen by iron furnace bar, Accident, (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kemp M. D. (Coroner.)

Mar. 24th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 8 hours, ds. In the State Unknown, ds.

Where was disease contracted, if not at place of death? Sparrows Point, Md.

Former or usual residence North Carolina,

19-PLACE OF BURIAL OR REMOVAL, Fayetteville North Carolina DATE OF BURIAL, MAR 25 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93499 C93499

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Tyson ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Nelson.

(Residence in Baltimore: No. 532 Tyson St. 0 yrs., 0 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, 3 (Month) 19 (Day) 1916 (Year)

7-AGE, 0 yrs. 0 mos. 4 ds. | If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Balto Maryland.

PARENTS.

10-NAME OF FATHER, Howard Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Pauline Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Nelson

(Address) 532 Tyson St

15- MAR 25 1916 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 23 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1916, to Mar 23 1916, that I saw him alive on Mar 22 1916, and that death occurred, on the date stated above, at 9 45 A.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. E. Sumner M. D.

3-23 1916, (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, 3/25 1916

20-UNDERTAKER Samuel T. Hawkes | ADDRESS 578 N. Eutaw

N. B.—Every blank must be filled. Where there is no person to answer, or the answer is unknown, that fact should be stated EXACTLY. The CAUSE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93500 C93500

62

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S Calhoun St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamine Augustus Richardson

(Residence in Baltimore: No. 21 S Calhoun St.; 64 yrs., 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 9th, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, B H Richardson

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Catherine J. Peters

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Richardson

(Address) 21 S Calhoun St.

15- MAR 25 1916 Filed..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1910, to March 24 1916, that I saw him alive on March 23rd 1916, and that death occurred, on the date stated above, at 4.20 A m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

History 15 yrs (Duration) Personal 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B Coll M. D.

March 24, 1916. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	3-26-, 1916.
20-UNDERTAKER Robt. Brooks & Son	ADDRESS 17 S. Calhoun St.

N. B.—Every item of information called for should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93501 C93501

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Belt ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Wockenfuss

(Residence in Baltimore: No. 1734 Belt St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, ... Jan (Month) 23 (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 2 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Emil Wockenfuss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Schwarz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margt Wockenfuss

(Address) 1734 Belt St

15- MAR 25 1916 ROBERT . KRAUTER,
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1916, to Mar 23 1916, that I saw her alive on Mar 22 1916, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Bronchio-pneumonia

..... (Duration) ...yrs. ...mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Sidney H. Streett M. D.

Mar. 23 1916 (Address) 1431 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Mar. 25th, 1916
20-UNDERTAKER	ADDRESS
J. a. Krause	703 Hanover

C93502

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93502

91 REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Port St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Markewitz

(Residence in Baltimore: No. 116 N. Port St.; 1 yrs. — mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 14, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. — mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Joseph Markewitz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Radka

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Markewitz

(Address) 116 N. Port St

15 MAR 25 1916 ROBERT J. KRAUTER, Vital Statistics Clerk

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21, 1916, to, Mar 23 1916, that I saw h.. alive on March 23 1916, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs ..... mos. 4 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), John W Anderson M. D.

March 24, 1916 [Address] 1714 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: of Evangelical Cemetery

DATE OF BURIAL: March 26 1916

20-UNDERTAKER: Sebastian Miller

ADDRESS: 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

George Hoffmann

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93503

CERTIFICATE OF DEATH.

x120 C93503

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

2-FULL NAME George Hoffmann

(Residence in Baltimore: No. St. Joseph Hospital - St.; ... yrs., ... mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widowed

6-DATE OF BIRTH: Unknown ....., ... (Month) ..... (Day) 1 ..... (Year)

7-AGE: 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 51
(b) General nature of industry, business, or establishment in which employed (or employer): Repairing Road

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minna Hoffman

(Address) 3231 East Ave

15- MAR 25 1916 Filed....., 191.....

ROBERT . KRAUTER Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1916, to March 22 1916, that I saw h[im] alive on March 22 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia

..... (Duration) ... yrs. ... mos. — ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) ... yrs. ... mos. 1 ds.

(Signed) Oren V. Lockhart M. D.

March 22, 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 60 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 3231 1st Ave. Balto Co.

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: March 25 1916

20-UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93504 C93504

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Mulliken St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester DeShields

(Residence in Baltimore: No. 1528 Mulliken St St.; 2 yrs., 4 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, November 10, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Elmer Deshields

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Estlla. Washington

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Washington

(Address) 1528 Mulliken St

15- Filed MAR 25 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from 21-3- 1916, to 23-3- 1916, that I saw him alive on 23-3- 1916, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Con. Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) Edward Gehres M. D.

3-24-, 191.6 (Address) 420 N. Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, March 25, 1916

20-UNDERTAKER Milton Davis — ADDRESS 1608 McElderry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93505 64 C93505

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 E.Lanvale ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A.Magarity

(Residence in Baltimore: No. 1744 E.Lanvale St.; 70 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Don't Know, 1846
(Month) (Day) (Year)

7-AGE. Don't Know Family Stat 70 yrs. ...ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas.E.Magarity

(Address) 1010vN.Caroline St.

15- Filed MAR 25 1916 ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to Mch 22 1916, that I saw h[illegible] alive on Mch 22 1916, and that death occurred, on the date stated above, at abt 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 days (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Diabetes mellitus (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

March 23, 1916. (Address) 1632 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Mar 25, 1916

UNDERTAKER [illegible]

ADDRESS 118 W. Mt Royal Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C93506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18

C93506

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L Fritz

(Residence in Baltimore: No. 805 N. Wolfe st St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Pittsburg Pa

PARENTS.

10-NAME OF FATHER, John B. abbott

11-BIRTHPLACE OF FATHER (State or Country), Buffalo N.Y.

12-MAIDEN NAME OF MOTHER Louise Brown

13-BIRTHPLACE OF MOTHER (State or Country), Buffalo N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Fritz

(Address) 1110 N Washington St.

15- MAR 25 1916

Filed ....., 191.... MARRY O'BRIEN, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 24 1916, that I saw h.. alive on March 24 1916, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

..... Erysipelas .....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary). Streptococcus

Septicemia (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Marcus Astro M. D.

3/24, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at 805 N Wolfe st.

Former or usual residence 805 N Wolfe St

19-PLACE OF BURIAL OR REMOVAL, Mt Airy Md — DATE OF BURIAL, Mch 25, 1916

20-UNDERTAKER Geo A Gerby — ADDRESS Baltimore St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C35507 C35507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Druid Hill Ave ST.; 4 WARD)

REGISTERED NO. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Neal

(Residence in Baltimore: No. 2016 Druid Hill Ave St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Don't Know (Month) (Day) 1890 (Year)

7-AGE, 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewoman
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Neal

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Charlotte Lancaster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linda Truston

(Address) 2016 Druid Hill Ave.

15- Filed MAR 25 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 24 1916, that I saw h-er alive on March 22 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Kate Brown M. D.

March 25, 1916 (Address) 1837 Lena Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catherdral Cemetery — DATE OF BURIAL, March 26 1916.

20-UNDERTAKER Robert H Elliott — ADDRESS 506 Rogers Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93508 C93508

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Brady ST.; 17 WARD)

2-FULL NAME Henry Nelson

(Residence in Baltimore: No. 617½ Brady St. St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Carrier
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Nelson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Woods

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Griffin

(Address) 617 W. Brady St.

15- MAR 25 1916 MARK O ANDREWS
Filed....., 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 23 1916, that I saw h[illegible] alive on March 22 1916, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) Jno. L. Shirley M. D.

3/23, 191[illegible] (Address) 201 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Nelson Cemetery	March 26 1916
20-UNDERTAKER	**ADDRESS**
Charles B. Jones	1118 Lanvale St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C9309 5 C9309 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

PLACE OF DEATH

CITY OF BALTIMORE (No. 239 Bevan St. 27 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Branch

(Residence in Baltimore: No. 239 Bevan St

St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown

....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
50 yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Branch

(Address) 1130 Vacant Alley

15- MAR 25 1916 HARRY O ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden

..... (Duration) yrs. mos. ds.

(Signed) Edw Sprunt M. D.
(Coroner.)

3/23/, 1916 (Address) 517 Court St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	March 26, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Little Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93510

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93510

CERTIFICATE OF DEATH.

141

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Wannemuetch

(Residence in Baltimore: No. 2601 Fredericka St.; 1 yrs. ..... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, October 28th, 1863
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 4 mos. 25 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland (City)

PARENTS.

10-NAME OF FATHER, Owen Bratter

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary Carmody

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Wannemuetch

(Address) 2601 Fred'k ave

15- Filed MAR 25 1916, 191.. HARRY O ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1916, to Mar 24 1916, that I saw h[illegible] alive on Mar 24, 1916, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute dilitation of Stomach

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Kaufmann M. D.

3-24, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 52 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2601 Fredericka ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	Mar. 27th, 1916.

20-UNDERTAKER	ADDRESS
F. D. Wagner	2238 Frederick ave

(over)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

C93511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 C93511

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2643 Lehman St.; 20 Ward)

2 FULL NAME Howard F. Sanders

(Residence in Baltimore: No. 2643 Lehman St.; yrs. mos. 6 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH LASTING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH March 18, 1916 (Month) (Day) (Year)

7-AGE — yrs. — mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: John F. Sanders

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Mary Wright

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. F. Sanders

(Address) 2643 Lehman St

15. MAR 25 1916 ROBERT O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1916, to March 24 1916, that I saw h[illegible] alive on March 23, 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Intestinal Ducts.

(Duration) yrs. mos. ds

Contributory (SECONDARY) Laceration of Cerebellum

(Duration) yrs. mos. 3 ds.

(Signed) W. A. Reed M. D.

March 25, 1916 (Address) 1209 Fredk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 25, 1916
20-UNDERTAKER	ADDRESS
F. B. Tempest	2138 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(93512) (93512) x 131

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mrs. Helen M. Sammons

(Residence ~~in Baltimore~~: No. Maryland General Hospital St.; .....yrs,.....mos. 8 ds.)

N.B.—Every item of information should be entered. Applicant. AGE should be stated EXACTLY. PHYSICIANS are requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Married

6-DATE OF BIRTH, May 10, 1875.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 10 mos. 15 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Port Deposit Md

PARENTS.

10-NAME OF FATHER, Harvey Jack.

11-BIRTHPLACE OF FATHER (State or Country), Port Deposit Md

12-MAIDEN NAME OF MOTHER Jane McCardell

13-BIRTHPLACE OF MOTHER (State or Country), Port Deposit Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S.D. Sammons

(Address) Port Deposit Md

15- MAR 25 1916 Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17, 1916, to March 25, 1916, that I saw h[illegible] alive on March 25, 1916, and that death occurred, on the date stated above, at 12.03 a m.

The CAUSE OF DEATH* was as follows:

Post Operative Peritonitis following Operation for Ovarian cysts and removal of Appendix on March 20-16.

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) S.D. Sammons M. D.

March 25 1916. (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 8 ds. In the State 20 yrs. 10 mos. 15 ds.

Where was disease contracted, if not at place of death? Port Deposit Md

Former or usual residence Port Deposit Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Port Deposit Md	3/26, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

C93513 C93513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 W Hamburg ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Boos

(Residence in Baltimore: No. 152 W. Hamburg St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... March ..... (Month) ..... (Day) ....., 1856 (Year)

7-AGE.	If LESS than 1 day.
60 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Hiram Boos

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Jane Hutchins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Broadwater

(Address) 152 W Hamburg St

15-

Filed MAR 25 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 23 1916, that I saw h— alive on March 22 1916, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows: (Pneumonia Lobar (A.B.))

..... (Duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 23 ds.

(Signed) C. H. Elmore M. D.

March 24, 1916 (Address) 712 3 Roads

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	March 25 1916
20-UNDERTAKER	ADDRESS
John H. Toadvine	142 Wolfe St

N.B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93514 C93514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Zubliske

(Residence in Baltimore: No. University Hospital - St.: [illegible])

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ? September ?, 1845.
(Month) (Day) (Year)

7-AGE, 70 yrs. 6 mos. ? ds. If LESS than 1 day, ? hrs. or ? min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Chas. Zubliske

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Fannie Sacks

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Crisfield Md

15- MAR 25 1916 HARRY O ANDREWS, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1916, to Mar 24 1916, that I saw him alive on Mar 24 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans
Chronic Myocarditis General Arterio Sclerosis (Duration) Dont know yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Mar 25, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ? yrs. ? mos. ? ds. In the State ? yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Crisfield Md

19-PLACE OF BURIAL OR REMOVAL, Crisfield Md — DATE OF BURIAL, 3-25-16, 191.6

20-UNDERTAKER E & B Hall — ADDRESS 115 E West St

N.B.—Every item of information should be carefully supplied. ASCERTAIN EXACTLY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93515 C93515 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1417 N. Central Ave ST.; 9 WARD)

2-FULL NAME Daniel Barbour

(Residence in Baltimore: No. 1417 N. Central ave. St.; 2 yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH December 22nd, 1865.
(Month) (Day) (Year)

7-AGE. 50 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Collector 630
(b) General nature of industry, business, or establishment in which employed (or employer) Life Insurance

9-BIRTHPLACE (State or Country) Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. Zebulan Barbour

11-BIRTHPLACE OF FATHER (State or Country) Balto. Co. Md

12-MAIDEN NAME OF MOTHER. Delilah Barbour

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Lana Barbour
(Address) 1709 N. Central Ave

15-
Filed MAR 25 1916, 191... HARRY O ANDREWS, Burial Permit 9401
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 23rd, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 18th 1916, to March 23rd 1916, that I saw h[im] alive on March 23rd 1916, and that death occurred, on the date stated above, at 9-40 p m.

The CAUSE OF DEATH* was as follows:

a Acute Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Grip

(Duration) yrs. mos. 2 ds.

(Signed) Hans H. A. Meyer M. D.

March 24th, 1916. (Address) 10 E. N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Kiss Cemetery

DATE OF BURIAL. Mar. 26th, 1916.

20-UNDERTAKER Frederick Lassahn Woods

ADDRESS Fullerton Md

N. B.—Every item of information should be entered. Supplies. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 C93516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 McElderry ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Kerl

Residence in Baltimore: No. 2204 McElderry St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, June 16th 1825, 1 (Month) (Day) (Year)

7-AGE, 91 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Eastern Shore Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. L. Brooks

(Address) 2204 McElderry St

15- MAR 25 1916 HARRY O ANDREWS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to March 23 1916, that I saw h[illegible] alive on 21-3- 1916, and that death occurred, on the date stated above, at 11.10 P.M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mon. ds.

CONTRIBUTORY (Secondary) Exhaustion of

Valv. of Heart (Duration) yrs. mon. ds.

(Signed) Edward Field Bayne M. D.

3/24/1916 (Address) 433 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Evergreen — DATE OF BURIAL, March 26, 1916

20-UNDERTAKER Theodore Whyte — ADDRESS 1202 Gough St

N. B.—Every item of information should be entered, if known. Especially important that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93517

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 942 N. Collington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Mildred Pflaum

(Residence in Baltimore: No. 942 N. Collington Ave St.; 6 yrs., 7 mos. 15 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	single

6-DATE OF BIRTH. Aug 8 (Month) (Day), 1909. (Year)

7-AGE. 6 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..., min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Pflaum

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Nellie Schmacke

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Pflaum

(Address) 942 N. Collington Ave.

15- MAR 25 1916 HARRY O ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 23 1916, that I saw her alive on March 23 1916, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. 2 ds.

(Signed) W. J. Rysanek M. D.

March 24, 1916 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Westview Cemetery

DATE OF BURIAL. March 25, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93518 C93518

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1834 W. Mulberry ST.; 20 WARD)
2-FULL NAME Catherine McGuirk
(Residence in Baltimore: No. 1834 W. Mulberry St.; 50 yrs., — mos. — ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 7 (Day), 1840 (Year)

7-AGE, 76 yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Fitzpatrick
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jos. E. McGuirk
(Address) 1941 Edmondson Ave

15- MAR 25 1916 MARK O. A. GEWS,
Filed....., 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st 1916, to March 24 1916, that I saw h[illegible] alive on March 23 1916, and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(Clinical Diagnosis)
(Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Carcinoma of Uterus
(Duration) 1 yrs. mos. ds.
(Signed) [illegible] M. D.
March 24, 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Peters Cemetery	March 28, 1916.
20-UNDERTAKER John J. Cowan	ADDRESS 901 Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 — 183

PLACE OF DEATH — REGISTERED No. C.....

BALTIMORE (No. 2261 N. Carlton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary L. Johnson

(Residence in Baltimore: No. 2261 N. Carlton St.: Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 6th, 1897. (Month) (Day) (Year)

7-AGE, 19 yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Geo. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Munay.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Johnson

(Address) 420 Hamburg St.

15- FILED MAR 25 1916, 191.... HARRY O ARDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck in head with an Axe
Homicide
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured skull

(Duration) yrs. mos. ds.

(Signed) Saml Kimberg M. D. (Coroner)

March 24th 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Mar 26, 1916
20-UNDERTAKER	ADDRESS,
Geo H. Holland	517 Robert St

Spec.—5-13-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93520 C93520

8

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 357 N. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace O Johnson

(Residence in Baltimore: No. 357 N. Preston St.; ....yrs. 5 mos. 18 ds.)

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Child

6-DATE OF BIRTH: Oct (Month) 6. (Day), 1915 (Year)

7-AGE, ...yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary E. House

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Johnson

(Address) 357 Preston St

15. Filed MAR 25 1916, 191. HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1916, to Mar 24 1916, that I saw h[illegible] alive on Mar 23 1916, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Pantkoff M. D.

Mar 24 191[illegible] (Address) 354 N. Bradle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Mar 25th, 1916

20-UNDERTAKER: George H. Holland ADDRESS: 517 Robert St

Spec.—8-24-14—M. & T.—2000 Bks.

C93521

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93521

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Lamont Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Doyle

(Residence in Baltimore: No. 1733 Lamont Ave St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 25 1/2, 1895
(Month) (Day) (Year)

7-AGE. 20 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer). Overall Factory

9-BIRTHPLACE, (State or Country). Balto City Md.

PARENTS.

10-NAME OF FATHER. John J. Doyle

11-BIRTHPLACE OF FATHER (State or Country). Balto City Md.

12-MAIDEN NAME OF MOTHER. Mary L. Riegel

13-BIRTHPLACE OF MOTHER (State or Country). Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Doyle

(Address) 1733 Lamont Ave.

15-

Filed MAR 25 1916 191. HARRY O. ARCHER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1915, to Mar. 23, 1916, that I saw her alive on March 22, 1916, and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Frantz, M. D.

Mar. 24, 1916 (Address) 1223 N. Gaseline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem.	March 26, 1916
20-UNDERTAKER	ADDRESS
H. Sander Sons	1710 Pleasant St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93522 C93522

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Division ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Wilson

(Residence in Baltimore: No. 2228 Division St.; 1 yrs., 2 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, Jan 13, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George Wilson

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Jennie Burell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Wilson

(Address) 2228 Division

15- MAR 25 1916 BIRTH & DEATHS Burial Permit Clerk

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 24 1916, that I saw h.. alive on March 24 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J A Melvin M. D.

March 24, 1916 (Address) 1202 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, March 26, 1916

20-UNDERTAKER Clarence E Wright

ADDRESS 1364 Mc...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10

C93523 C93523

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Whitby.

(Residence in Baltimore: No. University Hospital St.; yrs., mos., 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, ... March (Month) 23 (Day) 1872 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. — mon. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Clay Bender

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Louis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Whitby

(Address) Carmichael Md.

15- MAR 25 1916

Filed....., 191.... MARK O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1916, to March 23 1916, that I saw h[illegible] alive on March 23 1916, and that death occurred, on the date stated above, at 9-45 P m.

The CAUSE OF DEATH* was as follows:

Terminal Emphysema
Following Pleurisy
Tbc. Lung Abscess
LaGrippe (Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Emphysema & Lung Abscess (Duration) yrs. 2 mos. ds.

(Signed) R L Johnson M. D.

3/25., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 44 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Carmichael Md

Former or usual residence Carmichael Md.

19-PLACE OF BURIAL OR REMOVAL, Catherville Md | DATE OF BURIAL, March 25, 1916

20-UNDERTAKER Joseph L Cook | ADDRESS 1002 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93524 64 C93524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Bethel ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Beale

(Residence in Baltimore: No. 418 N. Bethel St.; 70 yrs., 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Mar (Month) 28th (Day), 1835 (Year)

7-AGE, 70 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Beale

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Beale

(Address) 418 N. Bethel

15- MAR 25 1916 HARRY O ANDREWS,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20 1916, to Mar 22 1916, that I saw h.im alive on Mar. 21 1916 and that death occurred, on the date stated above, at 9 15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. B. Whitlow M. D.

Mar. 25, 1916 (Address) 1711 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Balto Cem	Mar 26, 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93525 79 C93525

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Calvin Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizebeth Bradburn

(Residence in Baltimore: No. 433 Calvin Ave. St.; 50 yrs.,.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow.

6-DATE OF BIRTH, January 22d, 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. 1 mos. 22 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joshua Carter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. Burkhardt

(Address) 442 Calvin Ave.

15- MAR 25 1916 HARRY O ANDREWS,
Filed....., 191..... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to March 23rd 1916, that I saw h-d alive on March 23rd 1916, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Chronic Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Longwell M.D. M. D.

March 23rd 1916, (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery | DATE OF BURIAL. March 24, 1916.

20-UNDERTAKER E A Friedgen | ADDRESS Green & Mc Cans

Spec.—8-24-14—M. & T.—2000 Bks.

C935526

HEALTH DEPARTMENT—CITY OF BALTIMORE

C935526

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 611 Gutman Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Gorman

(Residence in Baltimore: No. 611 Gutman Ave St.; 1 yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 3rd, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Chas J. Gorman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jennie E Ferguson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Gorman

(Address) 611 Gutman Ave.

15-

Filed MAR 25 1916, 191.. HARRY O ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to March 24th 1916, that I saw h.. alive on March 24th 1916, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Geo. A. Thurgood M.D.

March 25th, 191.. (Address) 2537 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
New Cathedral	March 28, 1916.
20-UNDERTAKER	ADDRESS
E. A. Wiedefeld Jr	Green Mt Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93527 C93527

CERTIFICATE OF DEATH.

139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 E 31st ST.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rosa J. Mattern

(Residence in Baltimore: No. 307 E 31st St.; 4 yrs., 7 mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 27, 1884 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
31 yrs. 3 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Aachen Germany

PARENTS.

10-NAME OF FATHER, Silver Kappes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Maria Dostall

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johannes Mattern

(Address) 307 E 31 st Street

15- MAR 25 1916 Filed ....., 191.. HARRY O ANDREWS, Registrar. Burial Permit 0.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 24 1916, that I saw h.. alive on March 22 1916, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

associated with emboli in other parts

(Duration) ..yrs.. mos. 24 ds.

CONTRIBUTORY (Secondary) Obscure see remarks

(Duration) ..yrs.. ..mos.. ..ds.

(Signed) J. Knox B. E. Keegan M. D.

March 24 1916. (Address) 1529 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs.. ..mos.. ..ds. In the State ..yrs.. ..mos.. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	3.27, 1916
20-UNDERTAKER	ADDRESS
Henry W. Jenkins Sons Co	W Fulton & Arlington

Spec.—5-12-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93528 C93528

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 E. Biddle ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Annie m. Chaney

(Residence in Baltimore: No. 2031 E. Biddle St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April 5, 1893 (Month) (Day) (Year)

7-AGE, 22 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Helper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laundry

9-BIRTHPLACE, (State or Country), Monrovia Frederick Co. Md.

PARENTS.

10-NAME OF FATHER, Louis Chaney

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Elizabeth Schuchner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Chaney

(Address) Monrovia Frederick Co. Md.

15- MAR 25 1916 19... HARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1916, to Mar. 23, 1916, that I saw her alive on March 22, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lober pneumonia with pleurisy

(Duration) — yrs. — mos. 5 1/2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby M. D.

Mar. 24. 1916. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Monrovia Frederick Co. Md. DATE OF BURIAL, March 26 1916

20-UNDERTAKER, Rolf T. Turner ADDRESS Brdy & Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93529

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93529

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Ulicianna ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Mariann F. Kendzierska

(Residence in Baltimore: No. 1912 Ulicianna St.; yrs. 3 mos. 13 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 12th, 1915
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 13 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) child

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Joseph Kendzierski.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Martha Stankowska

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Kendzierska

(Address) 1912 Ulicianna St.

15- MAR 25 1916 Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 24 1916, that I saw her alive on March 24 1916, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. Ca. 5 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) F. Kamuszeska M. D.

March 24, 1916. (Address) 2431 Fait Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar 26, 1916

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C93530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 64 C93530

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal to. Hebrew Cemetery, ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Nollenberger,

(Residence in Baltimore: No. Belair Ave., St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White,	Married,

6-DATE OF BIRTH, Aug. (Month) 15th. (Day) 1876. (Year)

7-AGE	If LESS than 1 day,
39 yrs. 7 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Fred. Huelsmann,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Louise Grimmert,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Nollenberger,

(Address) Belair Ave.,

15 MAR 25 1916 Filed....., 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 23rd. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 15 1916, to Mch 23 1916, that I saw her alive on Mch 23 1916, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

(a) Arterio Sclerosis

(b) Apoplexy

(c)

(d) (Duration)....yrs. 8 mos. 8 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration)....yrs....mos....ds.

(Signed) Wm. A. Fleming M. D.

Mch 24, 1916. (Address) 1716 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery	Mch 25, 1916.
20-UNDERTAKER, David Sondheim	ADDRESS 118 W Mt Royal

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93531) (93531)

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1900 Cuisgnte ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Blay

(Residence in Baltimore: No. 1900 Augusta St.; 20 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) , 1 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer)..... 655

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lacy Boyle

(Address) 1900 Augusta St

15- MAR 25 1916 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 23 1916, that I saw her alive on March 23 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows: Acute Peritonitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Anaemia and Cirrhosis of Liver

(Duration) yrs. mos. 8 ds.

(Signed) P. Garland Schmidt M. D.

March 25, 1916 (Address) 1534 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 24, 1916.

20-UNDERTAKER E. A. Bishop — ADDRESS 1007 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093532 093532

CERTIFICATE OF DEATH.

19 REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1117 Light ST. 24 WARD)

2-FULL NAME Edward Thomas Payant.

(Residence in Baltimore: No. 300 N. Eutaw St 5 mo. 1117 Light St 1 yr 4 m. 24 d. St.: 1 yrs., 9 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 27, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, James F Payant

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Hilda A. Fredericks

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Payant

(Address) 1117 Light St

15-
Filed MAR 25 1916 191.. BABRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 24 1916, that I saw him alive on March 24 1916, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Chicken Pox

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Capillary Bronchitis

(Duration) ... yrs. ... mos. 2 ds.

(Signed) John R Hutchcroft M. D.

March 25, 1916 (Address) 131 W. Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Mar 26, 1916
20-UNDERTAKER George J Smith	ADDRESS 1000 N. Payette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C93533

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Abbottson ST.; 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Patrick Byrne

(Residence in Baltimore: No. 1632 Abbottson St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, August 20th, 1862
(Month) (Day) (Year)

7-AGE, 53 years 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Draftsman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Engineer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin P. Byrne

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Annie Murphy.

13-BIRTHPLACE OF MOTHER (State or Country). County Cork Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thos. M. Byrne.

(Address) 1632 Abbottson st.

15- MAR 25 1916 BOARD OF HEALTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 29th 1916, to March 19th 1916, that I saw h[illegible] alive on Sunday March 19th 1916, and that death occurred, on the date stated above, at 7.15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Unknown
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Contributory Senility

Unknown
(Duration)....yrs....mos....ds.

(Signed) James Carey Thomas M. D.

March 25 1916. (Address) 1-2 Mt Royal Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent Cemetery — DATE OF BURIAL, March 27, 1916.

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Hanford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93534 93534

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 E. Pratt St. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Steinberg

(Residence in Baltimore: No. 2108 E. Pratt St. St.; 20 yrs.,.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown ....., 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. ..... mos. ..... ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... U.S.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Louis

(Address)..... 1419 E. Balt St

15- MAR 26 1916 MARKET O ALDERS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 25 1916, that I saw h[illegible] alive on March 24 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral sclerosis with heart
degeneration and kidneys
years ago some ?
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Frank H. Smith M. D.

March 25, 1916 (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Hebrew Cemetery Rus	3/26, 1916

20-UNDERTAKER Jack Louis

ADDRESS E. Balt St

Spec.—8-24-14—M. & T.—2000 Bks.

C93535 HEALTH DEPARTMENT—CITY OF BALTIMORE C93535

CERTIFICATE OF DEATH. REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 806 S. Broadway ST.; V WARD)
2-FULL NAME Bertha Goldsby
(Residence in Baltimore: No. 806 S. Broadway St.; 34 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1820
(Month) (Day) (Year)

7-AGE, 96 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Katz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rachael

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Baltimore St

15- MAR 26 1916 HARRY O. ANDREAE

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1916, to March 25 1916, that I saw her alive on March 25 1916 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) M. Chidecker M. D.

3/25, 1916 (Address) 716 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 3/27, 1916

20-UNDERTAKER Jack Lewis

ADDRESS E Baltimore St

C93536 C93536

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 W Cross ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ida Lynch

(Residence in Baltimore: No. 143 W Cross St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 31 (Day), 1864 (Year)

7-AGE: 51 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Levin Thomas

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Laura Waters

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stephen H. R Lynch

(Address) 143 W. Cross St

Filed MAR 26 1916, 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to, March 24 1916, that I saw h.r alive on March 24 1916, and that death occurred, on the date stated above, at 6.20 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from history (Duration) 0 yrs 6 mos 0 ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos ..... ds.

(Signed), J. H. Cushman M. D.

Mar 25 1916 [Address] 3100 Hanford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: CEDAR HILL.

DATE OF BURIAL: MAR 27 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Cathedral St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93537 C93537

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Ann ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Paranowski

(Residence in Baltimore: No. 705 S. Ann St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Mar. (Month) 25" (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	9 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Paranowski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Martha Sadowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Paranowski

(Address) 701 S. Ann St.

15-FILED MAR 26 1916 HARRY O ANDREWS, Registrar.

Filed ....., 19.. Municipal Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar. (Month) 25" (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 25 1916, to — 191..., that I saw h— alive on Mch 25 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 mos)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elias A. Neer M. D.

3/26/16, 191... (Address) 409 E. Pat. Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Mar. 26th, 1916.
20-UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93538 C93538

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. St Pauls Apartment St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ashton Ramsay

(Residence in Baltimore: No. St Pauls Apartment St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 9, 1835
(Month) (Day) (Year)

7-AGE, 80 yrs. 8 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contracting Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) American Bridge Co

9-BIRTHPLACE, (State or Country) Washington D.C

PARENTS.

10-NAME OF FATHER, Wm R. Ramsay

11-BIRTHPLACE OF FATHER (State or Country), Charleston, S. C.

12-MAIDEN NAME OF MOTHER Caroline Ashton

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ramsay Jr.

(Address) Memphis Tenn

15- FILED MAR 26 1916, 191.... STATE OF ARKANSAS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to March 25th 1916, that I saw h[illegible] alive on March 24th 1916, and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) [illegible] yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm F. Lockwood M. D.

March 25th, 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Elmwood Cemetery Norfolk Va

DATE OF BURIAL, March 26., 1916.

20-UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS 1005 Walnut & Orchard Sts.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93539 C93539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Herbert

Residence in Baltimore: No. 325 N. Calvert St St.; ...yrs., ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
female	white	Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1888 (Year)

7-AGE, 27 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry C. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah McCann

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary C. Mitchell
(Address) 626 N Decker St

15- Filed MAR 26 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 25 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 25 1916, that I saw h.r alive on Mar 25 1916, and that death occurred, on the date stated above, at 1:00 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Exhaustion

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward A. Smith M. D.

Mar 25, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State 5 yrs. ...mos. ...ds.

Where was disease contracted if not at place of death? 325 N. Calvert St

Former or usual residence 325 N. Calvert St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Mar 28; 191..
20-UNDERTAKER Lowe Cook &	ADDRESS 505 E. Pratt

Spec.—5-19-13—M. & T.—500 Bks.

093540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

093540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Herbert St. 15 WARD)

REGISTERED NO. C

2-FULL NAME Letha Szech (Letha Szech)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2116 Herbert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 10 (Month) (Day), 1862 (Year)

7-AGE, 53 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Randolph Horton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Evans

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Szech

(Address) 2116 Herbert

15-

MAR 26 1916 1916 HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-19 1916, to 3-24 1916, that I saw her alive on 3 23 1916, and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia / double Lobar.

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

3-25, 1916. (Address) 2202 4 North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Matthews Cem. DATE OF BURIAL, March 26 1916

20-UNDERTAKER [illegible] ADDRESS 602 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93541 64 C93541

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 E. Oliver ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia P. Parker

(Residence in Baltimore: No. 1713 E Oliver St.: 64 yrs., 8 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 16, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Malon Foster

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary J. Percy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Parker

(Address) 1713 E. Oliver

15- Filed MAR 26 1916 191... Burial Permit Olio

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 24 1916, that I saw her alive on March 24 1916, and that death occurred, on the date stated above, at 6:45 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

4 hrs.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

March 25, 191... (Address) 1531 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	3/27, 191.6
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave.

Dr Geo J Young 1531 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93642

154

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1613 Olive St.; 23 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Sprowl

(Residence in Baltimore: No. 1613 Olive St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. Oct (Month) 12 (Day), 1831 (Year)

7-AGE. 84 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Nath. Taylor

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Mary N. Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Sprowl

(Address) 1613 Olive St.

15- MAR 26 1916 MARK O. ANDREWS, Burial Permit Clerk

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Edw. Gruenwald M. D. (Coroner.)

3/25, 191.6 (Address) 5 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cemetery	March 28, 1916
20-UNDERTAKER	ADDRESS
W. J. & C. Evans Son	142 & 1/2 Charles St.

C93543

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH — CERTIFICATE OF DEATH — 10

C93543

CITY OF BALTIMORE (No. 1423 S. Charles St. ST. 23 WARD) — REGISTERED NO. C

2 FULL NAME Mrs. Lillie Langbright

(Residence in Baltimore: No. 1423 S. Charles St.; St.: Lifetime yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: June 6, 1853 (Month) (Day) (Year)

7 AGE: 62 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Buyer of Laces
(b) General nature of industry, business, or establishment in which employed (or employer): Mayer - Eight St

9 BIRTHPLACE (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Henry Langbright

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary A. Johnson

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. B. Langbright
(Address) 1423 S. Charles St.

15 Filed MAR 26 1916 ..., 191 — HARRY O. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 25, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1916, to March 25 1916, that I saw h.. alive on March 24 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

Contributory (SECONDARY) ..... (Duration) 2 yrs. ..... mos. ..... ds

(Signed) ..... (Duration) 3 yrs. 3 mos. 7 ds.

March 26, 1916 (Address) 914 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 27, 1916

20 UNDERTAKER: Wm. J. Brown Son — ADDRESS: 1411 W. Baltimore St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

93544

HEALTH DEPARTMENT—CITY OF BALTIMORE

93541

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 E Eagle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen B Jennings

(Residence in Baltimore: No. 809 E Eagle St.; 18 yrs., 10 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 26 (Day), 1897 (Year)

7-AGE, 18 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

564

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer): St. Paul Exchange

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Patrick Jennings

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Helia Hill

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helia Jennings Cole

(Address) 809 E. Eagle St.

15- Filed MAR 26 1916, 191.. Earl F. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... (Month) March (Day) 23, (Year) 1916.

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Mar 23 1916, that I saw h[er] alive on Mar 23 1916 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Edema of lungs

..... (Duration) .... yrs. .... mos. 1 ds.

(Signed) Bernard Wise M. D.

March, 1916 (Address) 9 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	March 27 1916
20-UNDERTAKER H. F. M. D. Flynn	ADDRESS 1422 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93545

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93545

CERTIFICATE OF DEATH.

REGISTERED No. C 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E Henrietta ST.; 22 WARD)

2-FULL NAME Gertrude Walker

(Residence in Baltimore: No. 18 E Henrietta St.; 10 yrs., mos., ds.)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) about (Day) 1881 (Year)

7-AGE, about 35 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l R. Walker

(Address) 18 E. Henrietta

15- Filed MAR 26 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 17 1916, to March 25 1916, that I saw h er alive on March 25 1916, and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. M. Dillett M. D.

Mar. 25 191 6 (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Mar 27 191 6

20-UNDERTAKER H. M. Saulsbury — ADDRESS 1624 Mt Royal Ave

8 A M

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93546 HEALTH DEPARTMENT—CITY OF BALTIMORE C93546

CERTIFICATE OF DEATH. 105

1-PLACE OF DEATH CITY OF BALTIMORE. (No. 1104 N Gross St.; 21 WARD) REGISTERED No. C.....

2-FULL NAME Kate Webster Geoghegan (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1104 N Gross St. 30 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr 6, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, John W Sheffer.

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER K W. Sheffer.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos D Pasenberg

(Address) 610 W Conway

15- Filed MAR 26 1916 ..... 191. Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 24, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 21 1916 to Mar 24 1916, that I saw her alive on Mar 20 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 5

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John C Dutrow M. D.

3/25, 191 6 (Address) 1120 W Gross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL. 3 27th, 1916.

20-UNDERTAKER, James Dignan & Son — ADDRESS 1000 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Blks.

C93547

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93547

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital for Children St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis McMenamen

(Residence in Baltimore: No. 1146 Ridgely St.; 8 yrs., 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 16, 1915. (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, W. F. McMenamen

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Mary Holtgrefe

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary McMenamen

(Address) 1146 Ridgely St

15- Filed MAR 26 1916, 191. HARRY O. ANDREWS, Marital Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 191..., to Mar 24 1916, that I saw her alive on Mar 24 191..., and that death occurred, on the date stated above, at 4.25 P.m.

The CAUSE OF DEATH* was as follows:

Acute Bleocolitis

..... (Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. Keller Hemming M. D.

Mar 24 191... (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. 8 mos. life ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1146 Ridgely St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Cedar Hill Cemetery	3-26-..., 1916.
20-UNDERTAKER,	**ADDRESS**
James Degnan & Son	1002 S. Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93548 C93548

66

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 614 Sarah Ann St. 4 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Tripp

(Residence in Baltimore: No. 614 Sarah Ann St.: 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December, 1865
(Month) (Day) (Year)

7-AGE: 75 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Foster 640
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Store

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Levy Gordon

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Tripp

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucretia Tripp

(Address) 614 Sarah Ann St

15-
Filed MAR 26 1916, 191

MARRY O ATKINS,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 22nd, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1916, to March 22, 1916, that I saw h[illegible] alive on March 22, 1916, and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 17 yrs. ... mos. ... ds

Contributory (SECONDARY) Paralysis

(Duration) ... yrs. ... mos. 10 ds.

(Signed) Frank R McGinnon M. D.

March 24, 1916. (Address) 322 N Greene St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/26, 1916

20-UNDERTAKER: Samuel Hemsley — ADDRESS: 578 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

C93549

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93549

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 S. Baca ST. 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Katharine Rossbach

(Residence in Baltimore: No. 539 S. Baca St. St.; — yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) infant

6-DATE OF BIRTH, March 4, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 21 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Henry C. Rossbach

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Katharine Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Rossbach

(Address) 539 S. Baca St.

15-

Filed MAR 26 1916, 191.... HARRY O ANDREWS, CITY REGISTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1916, to March 25 1916, that I saw her alive on March 22 1916, and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) none

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chester Roland, M. D.

3-26, 1916 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, 3/27, 1916.

20-UNDERTAKER William Cook — ADDRESS 5326 North

N. B.—Every item of information should be carefully given, as CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93550 93550

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 W Ostend St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M Huster

(Residence in Baltimore: No. 1303 W Ostend St St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 10, 1872
(Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Laurence Kessler

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Huster

(Address) 1303 W Ostend

15-

Filed MAR 26 1916, 191.. BARNEY A. ABBOTT, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 25 1916, that I saw h-- alive on March 25 1916, and that death occurred, on the date stated above, at 1.00 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. 6 mos. ..... ds.

(Signed) Shipman Dixon M. D.

March 26 191.. (Address) 727 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 3/29, 191.6

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93551 C93551

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E Pratt St ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Levin

(Residence in Baltimore: No. 914 E Pratt St.: 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 (Year)

7-AGE, ... 42 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Russia

PARENTS.

10-NAME OF FATHER, Victor Isaacson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bertha Isaacson

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harris Levin

(Address) 914 E. E. Pratt st

15-

MAR 26 1916 BUREAU OF VITAL STATISTICS

Filed ....., 191.... Vital Records Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 10 1915, to March 24 1916, that I saw her alive on March 24 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Bronchitis disease and Ulcerates

(Duration) Two months

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) — yrs. — mos. — ds.

(Signed) M Friedenwald M. D.

March 26 1916 (Address) 906 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 914 E Pratt st

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. Mar. 26, 1916

20-UNDERTAKER D. Levinson & Bro

ADDRESS 107 E Balto st

N. B.—Every item of information should be carefully considered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93552 C93552

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 47 W. West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Jones

(Residence in Baltimore: No. 47 W. West St.; 26 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored U.S.A.	Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1863 (Year)

7-AGE, 52 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevador 504
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Hobbs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Jones

(Address) 47 W. West St

15- MAR 26 1916 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18, 1916, to March 24 1916, that I saw him alive on March 24 1916, and that death occurred, on the date stated above, at 11:35 p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Chronic Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C. K. Sowers M. D.

3/25, 191 6 (Address) 611 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Mar 27, 191...

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St

R. B.—Every item of information must be given, as CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(93553 (93553

HEALTH DEPARTMENT—CITY OF BALTIMORE 167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Savage,

(Residence in Baltimore: No. 622 Gold street, St. 4 yrs., 2 mos. 12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, January (Month) 11th (Day), 1912. (Year)

7-AGE, 4 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William I. Savage,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Elvire Brown,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elvire Savage, mother,

(Address) 622 Gold street.

15- Filed MAR 26 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns received when playing with matches,

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemper, M. D. (Coroner.)

Mar. 23d, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 12 ds. In the State 4 yrs. 2 mos. 12 ds.

Where was disease contracted, if not at place of death? 622 Gold street.

Former or usual residence 622 Gold St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Mar 26, 19 16
20-UNDERTAKER James F. Penny	ADDRESS 303 Eastern av

C93554

99

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93554

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1144 Shields Street, ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Jones,

(Residence in Baltimore: No. 1144 Shields Street, St.; yrs., 2 mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, December (Month) 28th (Day), 1915. (Year)

7-AGE, 0 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Lawrence Jones,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ellen Whittington,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Jones, mother,

(Address) 1144 Shields Street,

15- Filed MAR 26 1916, 191.... HARRY O ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomatitis,
(Variety and cause unknown)
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Bumpus M. D.
(Coroner.)

Mar. 24th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Mar 27 1916

20-UNDERTAKER James F. Dennis — ADDRESS 1303 Pennsylvania

C93555

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93555

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2216 E. Lombard. ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Eck

(Residence in Baltimore: No. 2216 E. Lombard. St.: 15 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	married

6-DATE OF BIRTH February 16, 1871
(Month) (Day) (Year)

7-AGE 45 yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland (City)

PARENTS

10-NAME OF FATHER George Fletch

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Ricker

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Fletch (mother)
(Address) 2216 E Lombard St.

15. Filed MAR 26 1916 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 24, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1916, to, March 24 1916,
that I saw h~~e~~r alive on March 23, 1916,
and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) 6 yrs. ..... mos. 14 ds

Contributory (SECONDARY) Cystitis & Cancer

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Duke E Brown M. D.
March 27, 1916 (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Moriah Cemetery — DATE OF BURIAL Mch 27, 1916

20-UNDERTAKER H E Hughes. — ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93556 C93556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Prestman ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Wells

(Residence in Baltimore: No. 1342 Prestman St.; ...yrs., 7 mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. July 28, 1915.
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Annie wells

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie wells

(Address) 1342 Prestman st

15- HARRY O. ROBERTS,

Filed MAR 26 1916, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/17 1916, to 3/24 1916, that I saw h[illegible] alive on 3/23 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

3-27, 1916. (Address) 1339 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Shady Side Md.

DATE OF BURIAL, March 27, 191...

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Prestman st

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

093557 28 093557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Vincent St. 16 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel T. Young.

Residence in Baltimore: No. 610 Vincent St. (If less than 1 year, ... mos. ..... ds.) 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 14th (Day) 1880 (Year)

7-AGE: 35 yrs. 4 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10-NAME OF FATHER: Geo W. Young

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Henrietta Gray

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Matilda Young.

(Address) 610 Vincent St

MAR 27 1916 Filed ..... 191.....

ROBERT . KRAUSE, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 23rd 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1915, to Mch 23 1916, that I saw ... alive on Mch. 23rd 1916, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs.

Paralysis

(Duration) ..... yrs. ..... mos. ..... ds. Not known

Contributory (SECONDARY) Hemorrhage from Lungs.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Smith M. D.

Mch 27 1916 [Address] 1605 N. Norfolk Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Harris Cemetery

DATE OF BURIAL: Mar 27, 1916

20-UNDERTAKER: Entombed James E. Dennis

ADDRESS: 130 Eastman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

093558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19

093558

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Oxford ST.; 17 WARD)

REGISTERED NO. C.....

2-FULL NAME Wm H. Warner.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 526 Oxford St.; 43 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mch. 25th (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry Dr.
(b) General nature of industry, business, or establishment in which employed (or employer): Cove Oyster

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Warner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Riley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Warner

(Address) 526 Oxford St.

15- Filed MAR 27 1916, 191.....

ROBERT J. KRAUSE, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 25th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 29th 1916, to Mch. 25th 1916, that I saw him alive on Mch 24th, 1916, and that death occurred, on the date stated above, at 7 A. M. m.

The CAUSE OF DEATH* was as follows:

Laparemen following embolism of Femoral artery of right leg

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Ellis M. D.

Mch 25, 1916, (Address) 924 Arch. ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Helena — DATE OF BURIAL, March 27, 1916.

20-UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Key—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93559

CERTIFICATE OF DEATH.

28 C93559

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 55 Orchard St St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... June ..... 29 ; 1896
(Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, J. Green

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Chamber

(Address) 879 Park ave

15 MAR 27 1916 Filed ..... 191.....

ROBERT . KRAUTER, Actg. Assist. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 25 ....., 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 29 1916, to May 25 1916, that I saw h er alive on Mar 25. 1916, and that death occurred, on the date stated above, at 1105 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Two Years yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

May 26, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? 55 Orchard St.

Former or usual residence 55 Orchard St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, March 28, 1916.

20-UNDERTAKER Daniel Easton ADDRESS 916 Park ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93560

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93560

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 Hanover St ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Ludike

(Residence in Baltimore: No. 509 Hanover St. St.; 1 yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Infant

6-DATE OF BIRTH: July (Month) 8 (Day), 1914 (Year)

7-AGE: 1 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Edward Ludike

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Hempel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Ludike

(Address) 1501 N Bradford St

15- Filed MAR 27 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1916, to March 24 1916, that I saw h.. alive on March 24, 1916, and that death occurred, on the date stated above, at 9.20 P.m.

The CAUSE OF DEATH* was as follows:

Bronchitis -

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) John S. Richter M. D.

March 25, 1916. (Address) 828 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 26 ds. In the State 1 yrs. 7 mos. 16 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 509 Hanover St.

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Mar 27, 1916.

20-UNDERTAKER: F. A. Krause — ADDRESS: 703 Hanover

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93561 — 91 C93561

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 507 S. Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor John Ziolkowski

(Residence in Baltimore: No. 507 S. Glover St.; yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	single

6-DATE OF BIRTH, Aug. (Month) 25 (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 1 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, John Ziolkowski

11-BIRTHPLACE OF FATHER (State or Country), Russ Poland

12-MAIDEN NAME OF MOTHER Martha Kamuska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ziolkowski

(Address) 507 S. Glover St

15- Filed MAR 27 1916, 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from: Mar 20 1916, to Mar 26 1916, that I saw him alive on Mar 26 1916, and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Catlow M. D.

Mar 26 1916 (Address) 2035 E. Dowell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	Mar 27, 1916
20-UNDERTAKER	ADDRESS
Jacob Zialkowski	728 S. Bond St.

N. B.—Every item of information should be given if possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 C93562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Trait Ave St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. Downey

(Residence in Baltimore: No. 3013 Trait ave St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... March 17 th ....., 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Ladeler in ?
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Copper Works

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Patrick Downey

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ellen.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Downey

(Address) 3013 Trait ave.

15- MAR 27 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1916, to March 24 1916, that I saw h[illegible]alive on March 23 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy
Acute Hepatitis
(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. F. McAvoy M. D.
March 26, 1916 (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	March 27th, 1916.
20-UNDERTAKER Lilly Zeiler	ADDRESS 403 S Wolfe St.

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93563

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W Lafayette Ave ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A Donaldson

(Residence in Baltimore: No. 508 W Lafayette Ave St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1841 (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Furniture House

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Wm P Donaldson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia M Hartley

13-BIRTHPLACE OF MOTHER (State or Country), York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lahus H Kaufman

(Address) 508 Lafayette Ave

15- Filed MAR 27 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 23 1916, to Mar. 25 1916, that I saw him alive on Mar 24 1916, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Ed Lawrence

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Harlan C. Blake M. D.

Mar. 25, 1916 (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 27, 1916

20-UNDERTAKER Martin Fahey & Son — ADDRESS 406 Fayette Ave

N. B.—Every item of information must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156 93564

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Westminster Presb. Church ST.: 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Diamond

(Residence in Baltimore: No. 1423 Cookie St. St.; yrs., unknown mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct. 17, 1854.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 2 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor 835
(b) General nature of industry, business, or establishment in which employed (or employer): (Church)

9-BIRTHPLACE, (State or Country): England

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Wolvert

(Address) 1423 Cookie St.

15- Filed MAR 27 1914, 191.... ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1914.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains deserlbed above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidenee obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas poisoning (Suicide)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Jeffers M. D.
(Coroner)

March 26, 191.. (Address) 24 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	March 27, 1914
20-UNDERTAKER	ADDRESS
Wm Cook	902 E. Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93565 C93565

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kowashi.

(Residence in Baltimore: No. 114 S. Caroline St St.; .....yrs., ...mos. .....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15- Filed MAR 27 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1915, to Mar 22 1916, that I saw h alive on Mar 22 1916, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows: Chronic nephritis

..... (Duration) .....yrs. 11 mos. .....ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

..... (Duration) .....yrs. 3 mos. .....ds.

(Signed) Paul G. Woods M. D.

Mar 27, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. 7 mos. 20 ds. In the State .....yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 114 S. Caroline St

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, MAR 25 1916, 191..

20-UNDERTAKER Commissioner Health. — ADDRESS

FOR ANATOMICAL PURPOS

Spec.—8-24-14—M. & T.—2000 Bks.

C93566 C93566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Harford Ave ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia M. Becker

(Residence in Baltimore: No. 1620 Harford Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 6th, 1911.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 4 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPL... (State or C...) Balto City Md.

PARENTS.

10-NAME OF FATHER, George L. Becker

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER Mary A. Yakle

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George L. Becker

(Address) 1620 Harford Ave

15- Filed MAR 27 1916 ROBERT . KRAUSER, [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1916, to March 25 1916, that I saw her alive on March 25 1916, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(Duration) ....yrs. ....mos. 7 ds.

(Signed) James M. Fenton M. D.

March 27, 1916 (Address) 704 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	March 28, 1916.
20-UNDERTAKER,	ADDRESS,
J. Sander Sons	1710 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93567

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 C93567

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 406 S Regester ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME A David Woolford

Residence in Baltimore: No. 406 S. Regester St.; 38 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: July (Month) 9 (Day), 1862 (Year)

7 AGE: 53 yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Contractor & Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Dorchester Co. Md

PARENTS

10 NAME OF FATHER: Wm Treco

11 BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Barbara Woolford

(Address) 406 S Regester St

15 Filed MAR 27 1916, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1915, to, March 25 1916.

that I saw h[illegible] alive on March 25, 1916.

and that death occurred, on the date stated above, at 12 00 P M

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. — mos. 14 ds

Contributory (SECONDARY) Angina Pectoris

(Duration) — yrs. 4 mos. — ds.

(Signed), John Girdwood M. D.

Mar 27, 1916 (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: March 28 1916

20 UNDERTAKER: H. Sander Sons ADDRESS: 1710 Pact Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 E. Lombard ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph L Etro

(Residence in Baltimore: No. 1009 E. Lombard St.; yrs., Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. ~~~, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Paul Letro

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lucia Volpe

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Letro

(Address) 1009 E Lombard

15- MAR 27 1916 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH March 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Bronchio-Pneumonia

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Lawson M. D.
(Coroner.)

March 26, 1916 (Address) 1729 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cat. Visitants Cem. DATE OF BURIAL, March, 1916

20-UNDERTAKER Sally & Zile ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93569

CERTIFICATE OF DEATH.

92 C93569

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 6346 Fort Ave St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Edenfield

(Residence in Baltimore: No. 6346 Fort Ave St.; 41 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Sept (Month) 25 (Day) 1857 (Year)

7-AGE. 58 yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Motorman
(b) General nature of industry, business, or establishment in which employed (or employer). United Railways

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Edenfield

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna E. Thawley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada E. Edenfield

(Address) 6346 Fort Ave

15-MAR 27 1916 ROBERT . KRAUTH, Registrar.

Filed....., 191... Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 25 (Day) 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 26 1916, that I saw h[er] alive on March 24 1916, and that death occurred, on the date stated above, at 11 C m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. Heuss M. D.

3/26, 1916. (Address) 508 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, MAR 28, 1916

20-UNDERTAKER H. C. Dickmeyer Sons — ADDRESS Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93570 C93570

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

*FULL NAME Cora DeHoff

(Residence in Baltimore: No. 804 N. Carrollton Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. (Month) ..... 1 (Day) ..... (Year)

7-AGE, About 48 yrs. ..... mos. ..... ds.	If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hochschild Kohn & Co

9-BIRTHPLACE, (State or Country) Md Balto

PARENTS.

10-NAME OF FATHER, John W. DeHoff

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia Brambult

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. B. DeHoff

(Address) Hamilton, Md

15. MAR 27 1916 Filed....., 191.. ROBERT . KRAUSE, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14th 1916, to March 25th 1916, that I saw h[illegible] alive on March 25th 1916, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

..... Uraemia .....

..... (Duration) ..... yrs. ..... mos. 10 ..... ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (Duration) ..... yrs. ? mos. ? ..... ds.

(Signed) Frank E. Shipley M. D.

Mar. 25th, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? ??

Former or usual residence 804 N. Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Mar. 27, 1916

20-UNDERTAKER	ADDRESS
Wm J. Tickner & Son	North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93571

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

63

C93571

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1223 W Mosher St. St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine M Parks.

(Residence in Baltimore: No. 1223 Mosher St. St.; yrs. Fifty mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH January 23, 1915
(Month) (Day) (Year)

7-AGE 1 yrs. 2 mos. 3 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto md.

PARENTS

10-NAME OF FATHER Edward Parks

11-BIRTHPLACE OF FATHER (State or country) Balto Md.

12-MAIDEN NAME OF MOTHER Mary Maddox

13-BIRTHPLACE OF MOTHER (State or country) Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Parks.

(Address) 1773 Hooker St

15- MAR 27 1916 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed ....., 191 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Mch - 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch - 16, 1916, to, Mch - 26 1916, that I saw h.. alive on Mch - 26, 1916, and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis
with involvement of Meninges

(Duration) ..... yrs. ..... mos. 2 ds

Contributory .....
(SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martin A Shub M. D.

Mch-27, 1916. (Address) 206 N Fulton av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Olivet Cem | DATE OF BURIAL Mar 28, 1916

20-UNDERTAKER Jas B Cook | ADDRESS 1002 W Balto

Spec.—8-24-14—M. & T.—2000 Blks.

C93572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

C93572

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 Bentalou St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert T. Walker

(Residence in Baltimore: No. 1700 Bentalou St.; ....yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec (Month) 18 (Day), 1844 (Year)

7-AGE, 71 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ford Walker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Lemmey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Walker

(Address) 1700 Bentalou St.

15- MAR 27 1916 Filed....., 191.... ROBERT . KRAUTER, Clerical Assistant Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-26 1916, to 3-27 1916, that I saw h[illegible] alive on 3-26 1916, and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Arteriosclerosis

(Duration) ....yrs. unknown mos. ....ds.

CONTRIBUTORY (Secondary) Hypostatic congestion of lungs

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Arthur G. Barrett M. D.

3-27, 1916 (Address) 1631 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leatherville Va — DATE OF BURIAL, MAR. 28. 1916.

20-UNDERTAKER E. O. Fanning — ADDRESS 1466 Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93573

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 Harford ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Brauer

(Residence in Baltimore: No. 1643 Harford ave St.; 66 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, December 27th (Month) (Day), 1851 (Year)

7-AGE, 78 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Own Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arnold M Brauer

(Address) 1643 Harford ave

15- Filed MAR 27 1916, 191.... ROBERT . KRAUTER, Vital Record Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1916, to March 25, 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 12.05 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) 3/4 hours

(Signed) Geo. M. Shattuck M. D.

March 25, 1916 (Address) 1121 N. Gordon St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Mar. 28th, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

093574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 093571

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3124 Cedar ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Ira Kahney

(Residence in Baltimore: No. 3124 Cedar ave St.; yrs. 27 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, DEC 13, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishmeot in which employed (or employer): Pa. R.R.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ira D. Kahney

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Lillian Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Ioformant) Margaret M. Kahney

(Address) 3124 Cedar Ave

15- MAR 27 1916 ROBERT . KRAUTER,

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic Acid Poisoning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ....yrs....mos....ds.

(Signed) Harry L. Hilgartner M. D.
(Coroner)

Mar 26, 1916 (Address) 3640 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Mar 28, 1916

20-UNDERTAKER H. J. Marshall | ADDRESS 2539 Fall Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

93575

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 93575

CERTIFICATE OF DEATH.

137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lina E. Simms

(Residence in Baltimore: No. 1251 Columbia Ave St.; ....yrs., mos. ....ds.)

Apt

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, May (Month) 12 (Day), 1890 (Year)

7-AGE, 25 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Frederick Sellman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary E. Bicroft

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Sellman

(Address) Arlington Md.

15- MAR 27 1916 ROBERT . KRAUSE,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26 1916, to Mar 26 1916, that I saw h[er] alive on Mar 26 1916 and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Uterine infection following
Miscarriage 2nd month
Ante Partum - Infection
.....(Duration).....yrs. 3 mos.....ds.

CONTRIBUTORY (Secondary) General Peritonitis

.....(Duration).....yrs. 3 mos.....ds.

(Signed) Edward C. Sellman M. D.

Mar 26, 1916. (Address) Arlington Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1251 Columbia Ave

Former or usual residence 1251 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Mch. 29, 1916.

20-UNDERTAKER Jos. B. Cook ADDRESS 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93576 — 19 C93576

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame Convent Ashland ave + Aisquith St. ST.; 10 WARD)

2-FULL NAME Mona Crescentia Griesel (Griesel)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. Notre Dame Convent Ashland ave + Aisquith St. St.; 38 yrs.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	widow

6-DATE OF BIRTH, December (Month) 30 (Day), 1834 (Year)

7-AGE, 81 yrs. 2 mos. 15 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher 757
(b) General nature of industry, business, or establishment in which employed (or employer): Notre Dame Convent.

9-BIRTHPLACE, (State or Country), Dietenheim Wurtemberg Bavaria

PARENTS.

10-NAME OF FATHER, Francis Xavier Griesel

11-BIRTHPLACE OF FATHER (State or Country), Dietenheim Bavaria

12-MAIDEN NAME OF MOTHER Barbara Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Dietenheim Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Clarissa

(Address) Notre Dame Convent

15-

Filed MAR 27 1916 191.. ROBERT , KRAUTER, Registrar. (BURIAL PERMIT CLERK.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1913, to Mar 25 1916, that I saw h[er] alive on Mar 23 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Endocarditis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. J. Kirby M. D.

Mar 26, 191.6 (Address) 110 E Northern ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 28, 1916
20-UNDERTAKER Frank A. Fink	ADDRESS 916 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93577 151 C93577

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mitchell

(Residence in Baltimore: No. 1403 Asher Alley St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 16 (Day), 1916 (Year).

7-AGE, ...yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Saylus Mitchell

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Jessie Mallet

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hosp

15- Filed MAR 27 1916, 191... ROBERT , BRAUER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 24 1916, that I saw her alive on March 24 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Duration

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. F. Lucas M. D.

March 26 1916. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs. 6 mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1403 Asher alley

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, MAR 25 1916

20-UNDERTAKER Commissioner of Health

ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93578 C93578

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph James Broadbank

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs. Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov 20 (Month) (Day), 1853 (Year)

7-AGE, 62 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Broadbank

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAR 27 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191..., to ..... 191...,
that I saw h.m alive on Mch 24 1916,
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration).....yrs.....mos.....ds.

(Signed) F. H. Warner M. D.

Mch 25, 191.6. (Address) 1132 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 9 mos. ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, March 27 1916

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Fremont Av.

N. B.—Every item of information should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93579 C93579

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1533 N. Eden ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Jennings

(Residence in Baltimore: No. 1533 N. Eden St.; 40 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 20th, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Leather 666

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Jennings

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Winnie Hastry

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary W. Fuller

(Address) 910 E. 20th St.

15-MAR 27 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26 W.J.R. 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 26 1916, that I saw h— alive on March 26 1916, and that death occurred, on the date stated above, at 3-30-9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Gen Paresis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema Gen Paresis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Kelly M. D.

March 26, 1916. (Address) 1639 Riverside Drive

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Mar. 29, 1916.

20-UNDERTAKER H. C. Wendefeld

ADDRESS 914 Gruman Bldg

C93580 C93580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 423 N. Central Ave ST.: 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Deloris Myers

(Residence in Baltimore: No. 423 N. Central Ave

St.; yrs., 1 mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Col	Single

6-DATE OF BIRTH, April (Month) 23 (Day) 1915 (Year)

7-AGE, ...yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Frank Myers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nellie Whisen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Myers

(Address) 423 N. Central Ave

MAR 27 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia - Pneumonia

(Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Wm. M. Davis M. D.
(Coroner.)

March 27, 1916. (Address) 1 E. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	March 27, 1916
20-UNDERTAKER	ADDRESS
Thos J. G. Locke	1302 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

093581 — 92 — 093581

1-PLACE OF DEATH
IN CITY OF BALTIMORE: (No. Hebrew Hospital St.) (7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah Finkelstein

Residence in Baltimore: No. 1804 E Madison st St.; 26 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Goldowsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Lachman

(Address) 1804 E Madison st

15- Filed MAR 27 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 26 1916, that I saw h[illegible] alive on March 26 1916, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

[illegible] Carbuncle Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Marcus Ortan M. D.

3/26, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1804 E Madison st

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd — DATE OF BURIAL, Mar. 27, 1916

20-UNDERTAKER S. Levinson & Bro — ADDRESS 11-13 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND, CITY OF BALTIMORE, TO WIT:

I HEREBY CERTIFY that on this twenty-eighth day of March, in the year nineteen hundred and sixteen, before me the subscriber, a Notary Public, of the State of Maryland, in and for the City of Baltimore aforesaid, personally appeared SAMUEL SILVERMAN, residing at 1002 East Lombard Street, and after being duly sworn, deposeth and says, that he is the brother of Sarah Snyder mentioned in the Death Certificate No. C. 93581 issued by the Health Department of Baltimore City. That the said Sarah Snyder, his sister, is the same Sarah Finkelstien, who is a member of the United Lodge No. 326 Order Brith Abraham, and that her name was given as Sarah Snyder erroneously in said Death Certificate, and should have been Sarah Finkelstien. That the said Sarah Finkelstien, his sister, died on March the twenty-sixth, nineteen hundred and sixteen at ten o'clock a. m. in the Hebrew Hospital, and at the time of her death was sixty-two years old. That she was buried on March the twenty-seventh nineteen hundred and sixteen, and that surviving her next of kin are her two brothers, himself, Samuel Silverman and Israel also known as Israel Goldofsky Silverman, and that there are no other blood relatives or relations of the said Sarah Finkelstien.

Signed, sealed and sworn to before me this twenty-eight day of March, nineteen hundred and sixteen.

Sam. Silverman (SEAL)

M Henry Goldstour

Notary Public.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93582 C93582

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Ashland Ave St.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Furie

Residence in Baltimore: No. 1402 Ashland Ave St. 4 yrs., 6 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. (Month) 27 (Day), 1911 (Year)

7-AGE,	If LESS than 1 day.
4 yrs. 6 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Morris Furie

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Morris

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Furie

(Address) 1402 Ashland Ave.

15- MAR 27 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to March 27, 1916, that I saw her alive on March 26, 1916, and that death occurred, on the date stated above, at 8:20 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) Isaac M. Wolfe M. D.

March 27, 1916 (Address) 1802 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ashrew Rosedale	3/27, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093583 N. CERTIFICATE OF DEATH. 89 093583

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 716 Belnord Ave (St.) 7 (WARD)
REGISTERED NO. C.....

2-FULL NAME Francis J. Vojik

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 716 N. Belnord Ave St.; ....yrs., 1 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH. Feb (Month) 25 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Francis Vojik

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Wolff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Francis Vojik
(Address)..... 716 N Belnord Ave

15- MAR 27 1916 ROBERT . KRAUTER, Burial Permit Clerk
FILED....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 25 1916, that I saw h[e] alive on March 25 1916, and that death occurred, on the date stated above, at 10 40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis.

..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration).....yrs.....mos. 1 ds.

(Signed) W J Krauer M. D.

3.26, 191... (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Mar 28, 1916

20-UNDERTAKER Frank Crack & Son — ADDRESS 1904 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93584

CERTIFICATE OF DEATH.

91

C93584

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1038 Vine, ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Daniels

(Residence in Baltimore: No. 1038 Vine St.; ....yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Cald	Single

6-DATE OF BIRTH, Jan 28, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Ben. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER. Martha Daniel

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Daniels

(Address) Repton Md

15- Filed MAR 27 1916, 191.... ROBERT ARAUJEN, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 20 191 6, to Mch 25 191 6, that I saw h.... alive on Mch 24 191 6, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

(Duration)....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration)....yrs....mos. 7 ds.

(Signed) J. Morrow M. D.

Mch 26, 191... (Address) 930 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? None

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Mar. 27, 191 6

20-UNDERTAKER John Howard & Son — ADDRESS 901 Hollins

R. B. Every item must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(93585) (93585)

CERTIFICATE OF DEATH.

5 +9

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Vincents Infl. Asylm ST.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Langley

(Residence in Baltimore: No. St Vincents Inf Asylum St.; ....yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1
(Month) (Day) (Year)

7-AGE, 17 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Langly

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Fahey

(Address) 1318 Light St.

15- MAR 27 1916 Burial Permit (Stork's) ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 18 1916, to Mch 25 1916, that I saw her alive on Mch 25 1916 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis and Cardiac dilatation

Diphtheria (Positive culture) (Duration) ....yrs. ....mos. 3 ds.(?)

CONTRIBUTORY (Secondary) Acute Consilitis

(Duration) ....yrs. ....mos. 7 ds.

(Signed) E. H. Hayward M. D.

3/26, 1916, (Address) 838 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Great Mills Md

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, March 27 1916.

20-UNDERTAKER Jos J. Fahey & Sons — ADDRESS 1318 Light St.

3. P. m.

N.B.—Every item of information should be given in this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93586 93586

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 29

CITY OF BALTIMORE: (No. Aged Women Home St.: 19 WARD)

2-FULL NAME Mary E. Ford

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1400 N Lexington St.: 86 yrs., 11 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Apl 17 (Month) (Day) 1829 (Year)

7-AGE, 86 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, David Evans

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Waller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J. Jane Matron

(Address) Home

15- MAR 27 1916 Filed....., 191.... MARRY O ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to March 1916, that I saw h alive on March 25 1916, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) J. Norwood M. D.

March 26, 1916 (Address) 1398 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 20 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted if not at place of death? Aged Womens Home

Former or usual residence Aged Womens Home 1400 N Lexington St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, March 28, 1916

20-UNDERTAKER George J. Smith — ADDRESS 1000 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93587 C93587

CERTIFICATE OF DEATH.

19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Hollins St.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minerva Shipley

(Residence in Baltimore: No. 1616 Hollins St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 15th, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Hammond Shipley

11-BIRTHPLACE OF FATHER (State or Country) Ellicott City Md

12-MAIDEN NAME OF MOTHER Susanna Fox

13-BIRTHPLACE OF MOTHER (State or Country) Ellicott City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard McCarl M.D.

(Address) 701 N. Carrollton Ave

15- MAR 27 1916 HARRY O ANDREWS,
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12th 1916, to March 27th 1916, that I saw h[illegible] alive on March 27th 1916, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Cardiac Hypertrophy (Duration) 7 yrs. mos. ds.

(Signed) Howard McCarl M. D.

March 27, 1916 (Address) 701 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Mar. 30, 1916.
20-UNDERTAKER George J. Smith	ADDRESS 1000 Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

C93588 C93588

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 542 Mulberry ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna L Ellis

(Residence in Baltimore: No. 542 N. Mulberry St.: 21 yrs. mos. ds.)

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) ..... (Day), 1909 (Year)

7 AGE: 6 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Guy Lefler

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ludmila Jones

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ludmila Lefler

(Address) 542 W Mulberry

15 MAR 27 1916 Filed ....., 191.... HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1916, to March 26 1916, that I saw her alive on March 25, 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Pericarditis Chronic

..... (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) R L Hamilton M. D.

Mar 27, 1916 (Address) 1202 N Milton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Mar 28, 1916

20 UNDERTAKER: John A. Bishop

ADDRESS: Dolphin

C93589

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

C93589

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2105 Bolton ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maggie S. Pearson

(Residence in Baltimore: No. 2105 Bolton St.: Life-time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Sept. 7 (Month), 1864 (Year)

7 AGE: 51 yrs. 6 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Robert McGee

11 BIRTHPLACE OF FATHER (State or country): America

12 MAIDEN NAME OF MOTHER: Rebecca Bayley

13 BIRTHPLACE OF MOTHER (State or country): America

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles M. Kuhner

(Address) 1000 W. Fayette St.

15 MAR 27 1916 Filed ..... 191 HARRY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 26th (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1916, to March 25 1916, that I saw h~~er~~ alive on March 24, 1916, and that death occurred, on the date stated above, at 12.10 p m.
The CAUSE OF DEATH* was as follows:

Inoperable carcinoma of cervix uteri
Indefinite (over 9 months) (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Henry B. E. Deegan M. D.
March 25, 1916 (Address) 1529 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 28 1916

20 UNDERTAKER: Geo. J. Smith — ADDRESS: 1000 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93590

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93590

CERTIFICATE OF DEATH

78

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 841 Leadenhall ST.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Smith

(Residence in Baltimore: No. 841 Leadenhall St.: 7 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Jan 1, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 9 mos. 26 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: John Smith

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Jackson

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Jackson

(Address) 841 Leadenhall.

15 MAR 27 1916 Filed ....., 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1916, to March 26 1916, that I saw h[illegible] alive on March 25, 1916, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows: (1) Pneumonia (2) Labor (3 hrs)

..... (Duration) ..... yrs. ..... mos. 11 ds

Contributory (SECONDARY) Heart Failure

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) O W Gerdes M. D.

March, 1916. (Address) 715 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: March 27, 1916

20-UNDERTAKER: R. L Parham — ADDRESS: 530 Gay

Spec.—8-24-14—M. & T.—2000 Bks.

093591

HEALTH DEPARTMENT—CITY OF BALTIMORE

093591

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Chestnut Hill ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Keller

Residence in Baltimore: No. 520 Chestnut Hill ave St.; Lifetime (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 8 (Day) 1872 (Year)

7-AGE, 43 yrs. mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto City Maryland

PARENTS.

10-NAME OF FATHER, Jos G Keller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Flynn

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm J. Crawford

(Address) Washington D.C.

15- Filed MAR 27 1916, 191.. BALTO. U. ADDENDA. Burial Permit Olen

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 191 5, to March 26 191 5, that I saw h[im] alive on March 26 191 5, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

(a) Renal Asthma

(b)

(c)

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis (Duration) 1 yrs. 4 mos. ds.

(Signed) Wm R. Grazette M. D.

3/26, 191.. (Address) 1737 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, March 28th, 1916

20-UNDERTAKER Graham J. Walker

ADDRESS 723 Whitelock ave

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Omissions will delay burial permit. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93592 C93592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Moore ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian V. Curtis

(Residence if Baltimore: No. 433 Moore St.; ..... yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Jan (Month) 8 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 2 mos. 17 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Jas. Curtis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa Ross

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Curtis

(Address) 433 Moore

15- MAR 27 1916 Filed ....., 191. [illegible] Permit Clerk.

Registrar.

CAUSE OF DEATH must be plainly stated. Every question must be answered if possible. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22 1916, to Mar 25 1916, that I saw her alive on Mar 25 1916, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carbuncle

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) William D. Burton M. D.

Mar 26 1916. (Address) 462 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Mar 28, 1916.
20-UNDERTAKER Rich. H. Holland	ADDRESS 517 Robert St.

Spec.—5-19-13—M. & T.—500 Blks.

C93593 HEALTH DEPARTMENT—CITY OF BALTIMORE C93593

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 Moore ST.; 17 WARD)

2-FULL NAME Walter Handy

(Residence in Baltimore: No. 429 Moore St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(39 yrs., 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 8 (Day), 1876 (Year)

7-AGE, 39 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter 640
(b) General nature of industry, business, or establishment in which employed (or employer): Tea store

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel Handy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Handy

(Address) 429 Moore Street

15- Filed MAR 27 1916, 191.... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

Cause of death must be plainly stated and all questions answered as far as possible. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 24 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 3 1916, to Mar 24 1916, that I saw h[illegible] alive on Mar 24 1916, and that death occurred, on the date stated above, at 10:20 pm.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. 1 mos 21 ds.

(Signed) D. Grant Jr M.D.

Mar 25, 1916 (Address) 1524 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Mar 28, 1916

20-UNDERTAKER, R. C. & H. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93594 C93594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 South Conk ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Fonty

(Residence in Baltimore: No. 706 South Conk St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 27 (Day) 1895 (Year)

7-AGE, 20 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Lloyd Fonty

11-BIRTHPLACE OF FATHER (State or Country), Balto. City.

12-MAIDEN NAME OF MOTHER Cecelia Amelia

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Fonty

(Address) 706 South Conk St.

15- MAR 27 1916 HARRY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 – 1916, to Mar. 26 – 1916, that I saw him alive on Mar. 26 – 1916, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) about 2 yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Mar 27, 1916. (Address) 916 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Mar 27 1916

20-UNDERTAKER Samuel J Hemsley ADDRESS 5 1/2 W. Baltimore St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93595 HEALTH DEPARTMENT—CITY OF BALTIMORE 154 C93595

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E Wells ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Schultze

(Residence in Baltimore: No. 120 E Wells St.; 73 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Dec. (Month) ..... 7 (Day), 1842 (Year)

7-AGE, 73 yrs. 3 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Johnson

(Address) 120 E Wells St

15- Filed MAR 27 1916, HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1916, to March 25 1916, that I saw h[illegible] alive on March 24 1916, and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

..... Senility

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... John H. Buchheit ..... M. D.

(Mar 26, 1916) (Address) 3100 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Hill	3/28, 191..
20-UNDERTAKER Williams Corse	ADDRESS 502 E North

CAUSE OF DEATH must be filled in. Items are important. See instructions on back of certificate.

Spec.—8-24-11—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93596 C93596

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2506 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Gloden

(Residence in Baltimore: No. 2506 Hudson St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 10 Dont Know, 183?
(Month) (Day) (Year)

7-AGE, 76 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Knowles

(Address) 2506 Hudson St.

15- MAR 27 1916 HARRY O ANDREWS,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 191 6, to March 26 191 6, that I saw her alive on March 26 191 6, and that death occurred, on the date stated above, at 10:45 m.

The CAUSE OF DEATH* was as follows:

Pasuve Congestion
of Lung
Chr. Nephritis
(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Original Condition: Stab Cation of Heart Abt
(Duration) 1 yrs. mos. ds.

(Signed) L. O. Kahnweiler M. D.

3-27-, 1916. (Address) 111 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, 3-29-, 191.6

20-UNDERTAKER William Cork

ADDRESS 504 E Monument

SEE that all questions are answered plainly and important. See instructions on back of certificate.

C93597

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93597

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH 1514 N Durham St — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1514 N Durham St.: 8 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth White

(Residence in Baltimore: No. 1514 N Durham St.: ... yrs. 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: October (Month) 20 (Day), 1915 (Year)

7-AGE: ... yrs. 5 mos. 7 ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Charles White

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary E. Silbersack

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. White

(Address) 1514 N. Durham

MAR 27 1916 Filed ..., 191... HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 191..., to, Mar 27, 1916, that I saw h... alive on Mar 26, 1916, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Broncho-pneumonia

(Duration) ... yrs. ... mos. 2 ds.

(Signed), Ch Bonaduce M. D.

Mar 27, 1916. (Address) 05 E 4th N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 28, 1916.

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93598 C93598

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Clifton ave St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James S. Morrow

(Residence in Baltimore: No. 3800 Clifton ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, July (Month) 18 (Day), 1833 (Year)

7-AGE, 82 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... retired 650
(b) General nature of industry, business, or establishment in which employed (or employer)..... Real Est. Agt.

9-BIRTHPLACE, (State or Country), Md. —

PARENTS.

10-NAME OF FATHER, Andrew Morrow

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Margaret Fiddeman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester F. Morrow

(Address) 3800 Clifton ave

15- Filed MAR 27 1916, 191... MARK O ANDREWS, Burial Permit Clerk. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 21- 1916, to March 26- 1916, that I saw h im alive on March 26- 1916, and that death occurred, on the date stated above, at 1-P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Cardiac failure

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis years

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Randolph Bramer M. D.

Mar 27, 1916 (Address) 20 12 Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery | DATE OF BURIAL, Mch. 27, 1916.

20-UNDERTAKER Edw. Mitchell & Co. | ADDRESS 1701 W. Fayette St.

C93599

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93599

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1818 N Caroline ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Doyle

(Residence in Baltimore: No. 1818 N Caroline St. yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) 29th (Day), 1852 (Year)

7-AGE, 53 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): B&O R Rd

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Doyle

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Catherine Roche

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Doyle

(Address) 1818 N. Caroline St.

15- FILED MAR 27 1916, 191.... HARRY O ARLEBES, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 25th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Kemp, M. D. (Coroner.)

March 27, 1916 (Address) 1818 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, March 28th 1916

20-UNDERTAKER Chas. E. Cramer & Son ADDRESS 118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93600

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93600

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Ridgely St.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William S. Warrington

(Residence in Baltimore: No. 1123 Ridgely St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 7, 1831
(Month) (Day) (Year)

7-AGE, 84 yrs. 6 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah M. Warrington

(Address) 1123 Ridgely St.

15- MAR 27 1916 Filed....., 191.....

HARRY O ANDREW Marital Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to March 26 1916, that I saw h[illegible] alive on March 25 1916, and that death occurred, on the date stated above, at 6 8 m.

The CAUSE OF DEATH* was as follows:

Senile Decay —

..... (Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Influenza —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Lancaster M. D.

3/27/16, 191.6 (Address) 57 Scott

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Mch. 28, 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

CAUSE OF DEATH must be stated plainly and fully. Use no abbreviations. Do not state mode of dying, but the disease or injury which caused death. Do not give symptoms or complications only. Indefinite statements, such as "Heart Failure," "Exhaustion," "Blood Poisoning," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Paralysis," "Convulsions," "Dropsy," "Fever," "Old Age," "Infantile Debility," "Premature Birth," "Marasmus," "Inanition," "Cachexia," "Uremia," "Meningitis," "Hemorrhage," "Asphyxia," "Suffocation," "Coma," "Gangrene," "Abscess," "Ulceration," "Childbirth," "Miscarriage," "Abortion," "Still-born," "Congenital Debility," "Malformation," "Stricture," "Rupture," "Obstruction," "Intussusception," "Strangulation," "Hernia," "Tumor," "Fracture," "Contusion," "Wounds," "Burns," "Scalds," "Drowning," "Shock," "Collapse," "Concussion," "Internal Injuries," "Accident," "Homicide," "Suicide," "Found Dead," "Unknown," "Unascertained," "Undetermined," "Not Known," "Not Stated," "Not Given," "Not Ascertained," "Not Known to Informant," "Not Known to Me," "Not Known to Deponent," "Not Known to Affiant," "Not Known to Affiant or Deponent," "Not Known to Affiant or Deponent or Informant," "Not Known to Affiant or Deponent or Informant or Me," "Not Known to Affiant or Deponent or Informant or Me or Anyone," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow," "Not Known to Affiant or Deponent or Informant or Me or Anyone or Anybody or Anything or Anywhere or Anytime or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway or Anyhow or Anyway

Spec.—8-24-14—M. & T.—2000 Blks.

C93601 HEALTH DEPARTMENT—CITY OF BALTIMORE C93601

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12 Ward) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. 321 E North Ave St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 19 (Day) 1857 (Year)

7-AGE, 58 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant 677
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dist Business

9-BIRTHPLACE, (State or Country), Md. Balto City

PARENTS.

10-NAME OF FATHER, Jev. H. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Clackner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St

15- MAR 27 1916 Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to Mar 26 1916, that I saw him alive on Mar 26 1916, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward H. Smith M. D.

Mar 26, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 321 E. North Ave.

Former or usual residence 321 E. North Ave.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, March 28, 1916

20-UNDERTAKER Chas. F. Black ADDRESS 120 N Mulberry St

CAUSE OF DEATH must be stated in every case. Please read carefully and fill in all items. Be particular and write plainly. Every question is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93602

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93602

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Stockdale

(Residence in Baltimore: No. 428 N. Pulaski St St.; ....yrs., ...mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 18, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer) ~

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Munder

11-BIRTHPLACE OF FATHER (State or Country), Pitts Penna

12-MAIDEN NAME OF MOTHER, Annie Stockdale

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Josephs Hospital

(Address) N. Caroline St

15- MAR 27 1916 REGISTRAR OF ANSWERS, Burial Permit Clerk

Filed....., 191.... Registrar.

CAUSE OF DEATH. Please print plainly. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/18/16 191.., to 3/27/16 191.., that I saw h.. alive on 3/27/16 191.., and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

..... (Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. Hartman M. D.

3/27/16 191.. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. 9 ds.

Where was disease contracted, if not at place of death? St Josephs Hospital

Former or usual residence 428 N Pulaski St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Mar 28, 1916

20-UNDERTAKER H. W. Gaudlitz ADDRESS 1224 W Fayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93603 C93603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Black (Black)

(Residence in Baltimore: No. 743 S. Cross St.; 42 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 10 (Day), 1874 (Year)

7-AGE, 42 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Glatthaar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Schaffer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Black

(Address) 743 Cross St

15- MAR 27 1916 HARRY O ANDREWS, Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 24 1916, that I saw her alive on Mar 24 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Pyo salpinx

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Ether Pneumonia

(Duration) 1 yrs. ....mos. 2 ds.

(Signed) Geo. A. Brann M. D.

3/24, 1916 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State Lifetime yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home.

Former or usual residence 743 S. Cross.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Mar 28, 1916.

20-UNDERTAKER Robert Bookstein ADDRESS Calhoun St

CAUSE OF DEATH must be stated so as to be important. See instructions on back of certificate.

93604 C53604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 212 Otterbein St.; 21 WARD)

2-FULL NAME Charles Blake

(Residence in Baltimore: No. 212 Otterbein St.; yrs., Life mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas. Blake

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles B. Lake

(Address) 212 Otterbein St.

15- MAR 28 1916 ROBERT ..., Burial Permit Clerk)

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Infantile Paralysis

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. B. Jeffries (Coroner) M. D.

March 27, 1916 (Address) 24 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, March 28, 1916

20-UNDERTAKER J. L. Brown & Son — ADDRESS 101 N. Mount St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93605 31 C93605

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 W Hamburg St.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Smith

(Residence in Baltimore: No. 140 W Hamburg St.; 9 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Feb. (Month) 11th (Day), 1907 (Year)

7-AGE, 9 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Henrietta Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Smith

(Address) 140 W Hamburg St

15- MAR 28 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1915, to Mch 27 1916, that I saw h m alive on Mch 26 1916, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as followa:

Tuberculous Peritonitis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. S. McCall M. D.

3/27, 191 6 (Address) 200 S Caroll Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn C | DATE OF BURIAL, March 30, 1916

20-UNDERTAKER J. L. Brown & Son | ADDRESS 108 W. Mulb

Important. See instructions on back of certificate.

C93606

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C93606

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 929 Leadenhall ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Abraham Edwards

(Residence in Baltimore: No. 929 Leadenhall St.: 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH ..... March 20, 1846
(Month) (Day) (Year)

7 AGE ..... 70 yrs. — mos. 6 ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ..... None of late 50 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Formerly Stevedor around Light wharf

9 BIRTHPLACE (State or country) ..... Md

PARENTS

10 NAME OF FATHER ..... unknown

11 BIRTHPLACE OF FATHER (State or country) ..... unknown

12 MAIDEN NAME OF MOTHER ..... unknown

13 BIRTHPLACE OF MOTHER (State or country) ..... unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ..... Susian Edwards

(Address) ..... 729 Leadenhall St

15 Filed MAR 28 1916 191 ..... ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... March 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1914, to March 26 1916, that I saw h[illegible] alive on March 25, 1916, and that death occurred, on the date stated above, 2,30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis
(Cerebral Hemorrhage)

(Duration) ..... yrs. 2 mos. 25 ds

Contributory (SECONDARY) ..... Pt hamiliver

(Duration) ..... yrs. 2 mos. 25 ds.

(Signed) ..... C R Flowers M. D.

March 27 1916. (Address) ..... 712 S Stump St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL ..... Mt. Auburn Ct. | DATE OF BURIAL ..... March 29, 1916

20 UNDERTAKER ..... J W Brown & Son | ADDRESS ..... 108 N Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Fill blanks so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

C93607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93607

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 Ropewalk Lane ST.) 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucie Jones

(Residence in Baltimore: No. 114 Ropewalk Lane. St.; 22 yrs., 1 mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Feb (Month) 26 (Day), 1894 (Year)

7-AGE. 22 yrs. 1 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, John E Jones

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Johanna Palmer

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theora E. Palmer

(Address) 114 Ropewalk Lane

15- Filed MAR 28 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from On March 25 1916, to [illegible] that I saw h[illegible] alive on March 25 1916, and that death occurred, on the date stated above, at 2:45a m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia (Croupous)

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) X yrs. X mos. 1 ds.

(Signed) E. D. Ellis M. D.

March 26, 1916 (Address) 915 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt auburn ct — DATE OF BURIAL, March 29 1916

20-UNDERTAKER D L Brown & Son — ADDRESS 108 W Monty

Should be filled out in all cases. Important. See instructions on back of certificate.

C93608

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 C93608

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 642 Jasper St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Holland

(Residence in Baltimore: No. 642 Jasper St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Uncertain (Month), 1 (Day) (Year)

7-AGE 45 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter 866
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Lewis Holland

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Caroline Evans

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa Holland

(Address) 1933 Druid Hill Ave

15- Filed MAR 28 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1916, to March 26 1916 that I saw h[illegible] alive on March 25 1916, and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) ..... yrs. 9 mos. ..... ds

Contributory (SECONDARY) Pernicious Anaemia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. L. Thornburg M. D.

March 26 1916 (Address) 1202 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	3/28, 1916
20-UNDERTAKER Sam'l L. Chandler	ADDRESS 578 N Bridle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93609 137 C93609

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Lyles

(Residence in Baltimore: No. 231 Myrtle Ave St.; 24 yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 20 (Day), 1891 (Year)

7-AGE, 26 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home. Home work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore City Maryland

PARENTS.

10-NAME OF FATHER. Wm A Lyles

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Hannah Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M Lyles

(Address) 231 Myrtle Ave

15- MAR 28 1916 ROBERT . KRAUTER, Registrar. 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 3 (Month) 26 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-24 1916, to 3-26 1916, that I saw h.d alive on 3-26 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Septicemia Puerperal

..... (Duration) .....yrs. .....mos. 30 ds.

CONTRIBUTORY (Secondary) Pregnancy term

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) P L Rush M. D.

3-27, 191.6 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 24 ds. In the State 25 yrs. 2 mos. 6 ds.

Where was disease contracted, if not at place of death? at Hospital

Former or usual residence 231 Myrtle Ave

19-PLACE OF BURIAL OR REMOVAL. Mt Airy Carroll Co Md — DATE OF BURIAL. 3/28, 191.6

20-UNDERTAKER Samuel F Hemsley — ADDRESS 5 & B'dle

important. See instructions on back of certificate.

(Over)

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93610

CERTIFICATE OF DEATH.

151 C 93610

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Russell Terrace ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Bunch (Child of George & Idella Burley)

(Residence in Baltimore: No. 1014 Russell Terrace St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, March 23, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
1014 Russell Terrace

PARENTS.

10-NAME OF FATHER, George Burley

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER Idella Tegan Burley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAR 28 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23 1916, to March 24 1916, that I saw him alive on March 24 1916, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:
Inanition. Child was small & unnourished at birth.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Enumeration

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Francis Martin M. D.

Mar. 28 1916 (Address) Hahnemann Inst. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 1 ds.

Where was disease contracted, if not at place of death? 1014 Russell Terrace

Former or usual residence 1014 Russell Terrace

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAR 27 1916

20-UNDERTAKER Commissioner Health, ADDRESS

Per. WM. E. WOODALL.

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Walter Thurston

C93611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 C93611

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 S. Monroe W. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Thurston

(Residence in Baltimore: No. 440 S. Monroe St.; 1 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept 22, (Month) (Day) 1915 (Year)

7-AGE, 6 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thomas Thurston

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hester Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Saunders

(Address) 440 S. Monroe St.

15- Filed 3/28/16 191.. ROBERT J. KRAUTER, Vital Records Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22d 191.., to March 27th 1916, that I saw h.. alive on March 27th 1916, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Primary
Tuberculosis
(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) 5 yrs. ....mos. ....ds.

(Signed) A. Lee Ethe M. D.

3/27, 191.. (Address) 12 Mount Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, March 29, 1916.

20-UNDERTAKER John A. Bischoff — ADDRESS 107 N. Eutaw

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093612

CERTIFICATE OF DEATH.

6113 093612

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 Bernard ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Henkel

(Residence in Baltimore: No. 2731 Bernard St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 26, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ——— Shumaker.

11-BIRTHPLACE OF FATHER (State or Country), Germy.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henkel

(Address) 2713 Bernard St

15- Filed MAR 28 1916 ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1915, to Mch 26 1916, that I saw h[er] alive on Mch 26th 1916, and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Contusion of Lungs

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hepatic Cirrhosis

..... (Duration) ..... yrs. 6 mos. 4 dys.

(Signed) Edward Horn M. D.

Mch 27th, 1916. (Address) 406 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Mar. 29, 1916
20-UNDERTAKER Albert C Fiedler	ADDRESS 221 N Broadway

important. See instructions on back of certificate.

Dr Horn 23rd St Paul st

Spec.—5-19-13—M. & T.—500 Blks.

C93613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C93613

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Vincents Infant Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Edmunds

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 20th (Day), 1915 (Year)

7-AGE, yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown [redacted]

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents 1701 Division St

(Address) 1701 Division St

15- Filed MAR 28 1916 191 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 27th 1916, that I saw h er alive on March 27th 1916, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Mal-assimilation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O' Donovan M. D.

March 28., 1916. (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 4 ds. In the State yrs. 4 mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cem	March 28 1916
20-UNDERTAKER	ADDRESS
Charles Fahey & Son	606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C93614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 C93614

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob F. Ebersein Jr

(Residence in Baltimore: No. 919 N Chester St.: 3 yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 28, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Jacob F. Ebersein

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER C. Newkan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob F. Ebersein

(Address) 919 N. Chester St

15- MAR 28 1916 Filed....., 191.... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to Mar 27 1916, that I saw h.. alive on Mar 27 1916, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

1. Laryngeal Diphtheria

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 7 ds.

(Signed) J. Ed Hiserey M. D.

Mar 27, 1916 (Address) 301 N Gay Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Mar 28, 1916

20-UNDERTAKER H. C. Wilde Son

ADDRESS 1710 Fleet

2 P.M.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93615

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C93615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1623 Maryland ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E Schwabland

(Residence in Baltimore: No. 1623 Maryland St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 27, 1915 (Month) (Day) (Year)

7-AGE, yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John E Schwabland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellinor Hutton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E Schwabland

(Address) 1623 Maryland

15- Filed MAR 28 1916, 191.. ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 27 1916, that I saw h alive on Mar 27 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 7 ds.

(Signed) R L Campbell M. D.

Mar 27, 191.6 (Address) 1614 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, March 28, 191..

20-UNDERTAKER Mrs J. E. Evans & Son — ADDRESS 1420 Clarkson

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916 C93616

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Henry Hegenfeld

(Residence in Baltimore: No. 2429 Madison Ave St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 13 ..... 27 ....., 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Earl Hegenfeld

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Bethof

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Hegenfeld

(Address) 2429 Madison Ave

15- MAR 28 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 ..... 27 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/27/16 191.... to 3/27/16 191...., that I saw h.. alive on 3/27/16 191...., and that death occurred, on the date stated above, at 12P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Prolonged + Instrumental Labor

..... (Duration) ..... yrs. ..... mos. 1½ ds.

(Signed) A. C. Penny M. D.

3/28/16 191... (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2429 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, March 28th 1916.

20-UNDERTAKER Chas S Cowan & Son

ADDRESS N Howard Royal Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93617.

CERTIFICATE OF DEATH.

91 C93617

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hallwig

(Residence in Baltimore: No. 1145 S. Myrtle ave. St.: 72 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 12, 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Hallwig

(Address) 1145 Myrtle Ave

15- MAR 28 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 1916, to Mar. 27 1916, that I saw her alive on Mar. 27 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Geo. H. Knapp M. D.

3/27, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1145 Myrtle ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery. DATE OF BURIAL, Mar 29, 191.6

20-UNDERTAKER Mrs A Rohde Son. ADDRESS 730 Fulton Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93618 C93618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Mosher St. 14 WARD) REGISTERED No. C.....

2-FULL NAME Thomas Haywood Thiepe

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 215 Mosher St.; 11 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWER, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, May 9th, 1877 (Month) (Day) (Year)

7-AGE, 38 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 666

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. H. Thiepe

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Mason

13-BIRTHPLACE OF MOTHER (State or Country), Conn -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thos H. Thiepe

(Address) 215 Mosher St

15- MAR 28 1916 Filed....., 191.... Registrar.

16-MAKER OF ORDER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1915, to March 27th 1916, that I saw h[illegible] alive on March 26th 1916, and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the Bladder
Operated and abandoned

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Douglas M. D.

March 27th, 1916. (Address) 830 W. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, 3 29, 1916

20-UNDERTAKER H. W. Jenkins' Sons Co — ADDRESS Orchard & McCulloh Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M(N.T.—2000 Blks.

C93619

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93619

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 S. Bond ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jankowski.

(Residence in Baltimore: No. 831 S. Bond St.; 40 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (~~Write the~~ word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
about 72 yrs. .... mos. .... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gunmaker.

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Pukalski

(Address) 831 S. Bond St.

15- MAR 28 1916 HARRY O ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 15 1916, to Mar 26 1916, that I saw him alive on Mar 25 1916, and that death occurred, on the date stated above, at 9 am m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ..... yrs. .... mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza & Pneumonia

(Duration) ..... yrs. .... mos. 20 ds.

(Signed) C. H. Mc Ginley M. D.

101... (Address) 2938 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence. .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus Cem	Mar. 30, 1916.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann St

important. See instructions on back of certificate.

C93620

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C93620

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 822 Harlem Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Curtis

(Residence in Baltimore: No. 822 Harlem Ave St. 28 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan. 10, 1843 (Month) (Day) (Year)

7-AGE: 73 yrs. 2 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Philadelph. Pa

PARENTS

10-NAME OF FATHER: Geo. Fowke

11-BIRTHPLACE OF FATHER (State or country): Penn.

12-MAIDEN NAME OF MOTHER: Frances Davis

13-BIRTHPLACE OF MOTHER (State or country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances C. Huntington

(Address) 822 Harlem Ave

MAR 28 1916 Filed ....., 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar. 28th, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1916, to Mar. 28th 1916, that I saw h[er] alive on Mar. 28th, 1916, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

General Debility

following attack of Grip

Abt. 3 months (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm B Rady M. D.

Mar 28, 1916 (Address) 867 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 3/31, 1916

20-UNDERTAKER: William Cook

ADDRESS: 302 E North Ave

N. B.—Every item of information should be carefully supplied. Answers should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-15—M. & T.—2000 Bks.

Dr Hoffman North ave & Bayview

C93621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C93621

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 W. Hatton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Frances Leeds

Residence in Baltimore: No. 2228 W. Hatton ave St. (72 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, Nov 10 (Month), (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
72 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Nathan Price.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah F. Moore

13-BIRTHPLACE OF MOTHER (State or Country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Elsie Bracco

(Address) 2228 W Hatton ave.

15- Filed MAR 28 1916, 191. MARRY O ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1916, to March 27 1916, that I saw h er alive on March 26 1916, and that death occurred, on the date stated above, at 4.40 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY. (Secondary) Myocarditis and asthma.

(Duration) yrs. mos. ds.

(Signed) C W Hoffman M. D.

3/27, 1916. (Address) 2100 W North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mon Cathedral.	March 30, 1916.
20-UNDERTAKER W. Cook.	ADDRESS 826 North

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93622

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93622

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.) WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miecha Sr.

(Residence in Baltimore: No. 100 E. Fayette St St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, May 26, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Own Yard

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Miecha

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Kischak

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Callers Slip

(Address) Calvert St.

15- Filed MAR 28 1916, 191... MARY O ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1916, to Mar 27 1916, that I saw h[illegible] alive on Mar 27 1916, and that death occurred, on the date stated above, at 5:20 a. m.

The CAUSE OF DEATH* was as follows:

Cancer Pneumonia

Abt 1 (Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cirrhosis Cancer

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Mar 27, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State 35 yrs. — mos. — ds.

Where was disease contracted if not at place of death? 100 E. Fayette St

Former or usual residence 100 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, MAR 28 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C93623

C93623

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bedlam Lellman Charles st ave Hospital) Infant Jones

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 2724 Charles st ave St.: ....yrs. ....mos. ....ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... March (Month) 26 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 5 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Eland Jones

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Mary Sampson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eland Jones

(Address) 521 Shricker St

15- MAR 28 1916 BURIAL PERMIT ISSUED,

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 26 1916, that I saw h in alive on march 26 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

..... Premature Birth

(about five months)

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... unknown

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... Thomas Nelson M. D.

March 29 1916 (Address) 1103 N Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Please send for body

19-PLACE OF BURIAL, OR REMOVAL. COLLEGE OF P. & S. DATE OF BURIAL. March 28 1916

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93624

92 C93624

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Falls Road St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice A. Ryan

(Residence in Baltimore: No. 3821 Falls Road. St.; 39 yrs., 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 30, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Home Wife

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Gaffney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sidney L. Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph L. Ryan

(Address) 3821 Falls Road

15- MAR 28 1916 MARY O ANDREWS, 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 26 1916, that I saw him alive on March 26 191.. and that death occurred, on the date stated above, at 7.30 P. a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Shephard D. Man M. D.

3/27/, 1916. (Address) 1327 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, March 29 1916.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 3631 Falls Rd

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93625 C93625

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 W. West St. ST.; 21 WARD) REGISTERED No. C 6

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen C. Wahl.

(Residence in Baltimore: No. 505 W. West St. St.: 1 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, Aug. 6, 1914.
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... NONE.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Ernest Wahl.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lillian Putnam

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Wahl.

(Address) 505 W. West St.

15- MAR 28 1916 Burial Permit Clerk.
Filed....., 191.....
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to March 28 1916, that I saw h.. alive on March 28- 1916, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Measles - unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. C. Fuchs M. D.

3/28, 1916. (Address) 682 Columbia Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Loma	March 27th, 1916
20-UNDERTAKER C. Schlosman & Son	ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93626 HEALTH DEPARTMENT—CITY OF BALTIMORE C93626

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Aisquith St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Shane

(Residence in Baltimore: No. 515 aisquith St St.; 9 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH Unkown, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) General Liquor

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15- Filed MAR 28 1916, 191.... MARKET O. ANDREWS, Registrar. BURIAL PERMIT ONLY

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 28 1916, that I saw him alive on March 28 1916, and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

Several years (Duration) yrs. mos. ds.

(Signed) Wm J Baylen M. D.

March 28, 1916. (Address) 312 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3/29, 1916

20-UNDERTAKER Jack Levis — ADDRESS E Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93627 HEALTH DEPARTMENT—CITY OF BALTIMORE C93627

CERTIFICATE OF DEATH.

REGISTERED No. C 1592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minora Grossman

(Residence in Baltimore: No. 134 N. Front St St.; 3 yrs., 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 12, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, David Grossman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Kate Goldstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Madison St

15- Filed MAR 28 1916, 191.....

HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 28, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 13 1916, to Mar 28 1916, that I saw her alive on Mar. 28 1916, and that death occurred, on the date stated above, at 1.00 p.m.

The CAUSE OF DEATH* was as follows:

La Grippe Pneumonia

4 mos. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. ds.

(Signed) Edward H Daniel M. D.

Mar 28, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 134 N. Front St

Former or usual residence 134 N Front St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 31 Mar, 1916

20-UNDERTAKER Jack Levis

ADDRESS E Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93628

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93628

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Lee St. ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lora Smith

Residence in Baltimore: No. 15 N. Lee St. St.; ..... yrs., ... mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Sept (Month) 12 (Day) 19.. (Year)

7-AGE, ... yrs. 6 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Henry Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucie Jones

(Address) 15 N. Lee St

15- Filed MAR 29 1916 191.. ROBERT . KRAUTER, Asst. Permit Clerk, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 28 (Day), 19 16 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 191 6, to Mar 28 191 6, that I saw h[illegible] alive on Mar 28 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) W. H. Smith M. D.

Mar 28, 1916. (Address) 526 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem Balto — DATE OF BURIAL, Mar 29, 1916

20-UNDERTAKER Wm H Hooper — ADDRESS 609 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93629 45 C93629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jawal Chick

(Residence in Baltimore: No. 801 China St. St.; 2 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 536
(b) General nature of industry, business, or establishment in which employed (or employer)..... B+O.R.R.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased .....

(Address)..... 801 China St. .....

15 MAR 29 1916 Filed....., ..., 191... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1915, to Mar 27 1916; that I saw him alive on Mar 27 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of Testicle

Diagnosis confirmed by autopsy

(Duration)..... yrs. 3 mos. 17 ds.

CONTRIBUTORY. Secondary

(Duration)..... yrs. 2 mos. ... ds.

(Signed) [illegible] M. D.

Mar 28, 1916. (Address) Univ [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. 3 mos. 12 ds. In the State..... yrs..... mos..... ds.?

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence 801 China St

19-PLACE OF BURIAL OR REMOVAL, St Evangelical Cemetery

DATE OF BURIAL, Mar 29 1916.

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

093630

HEALTH DEPARTMENT—CITY OF BALTIMORE

093630

CERTIFICATE OF DEATH.

56

5

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 411 N Spring ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Ayres

(Residence in Baltimore: No. 411 N Spring St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
About 39 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Theatrical

9-BIRTHPLACE, (State or Country), Va ~~Geo~~

PARENTS.

10-NAME OF FATHER, George Ayres Md

11-BIRTHPLACE OF FATHER (State or Country), Md ~~Mary A White~~

12-MAIDEN NAME OF MOTHER Mary A White

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Ayres

(Address) 411 N. Spring St

15 MAR 29 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin A Kowell M. D. (Coroner.)

March 28th, 1916 (Address) 456 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patricks Cemetery	March 30 1916
20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of cause is important. See instructions on back of certificate.

C93631

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C93631

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Pin alley St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Spriggs Sr.

(Residence in Baltimore: No. 625 Pin alley St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: Colored

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married.

6-DATE OF BIRTH: Unknown (Month), ... (Day), 1866 (Year)

7-AGE: 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Pullman Service

9-BIRTHPLACE (State or country): Calvert Co. Md.

PARENTS

10-NAME OF FATHER: Jesse Spriggs

11-BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Spriggs Jr.

(Address) 625 Pin alley

15- Filed MAR 29 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 11, 1916, to, Mch 28 1916, that I saw h[im] alive on Mch 27 1916, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(Duration) 1 yr. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H. S. McCard M. D.

3/28, 1916 (Address) 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Rwdld

DATE OF BURIAL: April 1, 1916

20-UNDERTAKER: Samuel Kennedy

ADDRESS: 3 W. Biddle St

TION is very important. See instructions on back of certificate.

Sp[illegible]—5-12-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93632

CERTIFICATE OF DEATH.

92

C93632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Myrtle Ave. ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pinkney Lyles

(Residence in Baltimore: No. 231 Myrtle St.; ..... yrs. 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Waiter, 888
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private Family

9-BIRTHPLACE, (State or Country) Fredricks Co. Md.

PARENTS.

10-NAME OF FATHER, William O. Lyles.

11-BIRTHPLACE OF FATHER (State or Country), Fredricks Co Md.

12-MAIDEN NAME OF MOTHER Hannah Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lyles.

(Address) 231 Myrtle

15- MAR 29 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 28 ....., 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 28 1916, that I saw h[illegible] alive on March 28 1916, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Lobar .....

.....

..... (Duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (Secondary) ..... Heart Failure .....

..... (Duration) ..... yrs. ..... mos. 28 ds.

(Signed) ..... Charles H. Fiore ..... M. D.

March 28, 1916. (Address) ..... 712 S. Stricker St. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Carroll Co. Md	3/30 ....., 1916.
20-UNDERTAKER Samuel J. Hemsley	ADDRESS 578 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C93633

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93633

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Lyndhurst St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Roger & Dorothy Knupp

(Residence in Baltimore: No. 2129 Lyndhurst St.; ...yrs. ...mos. ...ds.)

Fifi

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female.	white	

6-DATE OF BIRTH, March 27, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. ...ds. If LESS than 1 day, 10 hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Roger C Knupp

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Dorothy B Knupp

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roger C Knupp

(Address) 2129 Lyndhurst Ave

15- Filed MAR 29 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to March 28 1916, that I saw h.r alive on March 27 1916, and that death occurred, on the date stated above, at 3 a' m.

The CAUSE OF DEATH* was as follows:

Premature birth

(7 mos.)

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) H. C. Knupp M. D.

March 28 1916 (Address) 1002 Linwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, March 29 1916.

20-UNDERTAKER Wm. J. Tickner & Sons ADDRESS North & Pa Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C93634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93634

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Peters or

(Residence in Baltimore: No. 537 N. Exeter St St.; 2 yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH. Jan. 10, 1916 (Month) (Day) (Year)

7-AGE. ....yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE. (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Emanuel Peterson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mollie Mellum

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Meier Uncle

(Address) Calvert St.

Filed MAR 29 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 26 1916, to Mar 26 1916, that I saw h[illegible] alive on Mar 26 1916, and that death occurred, on the date stated above, at 4.55 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

abt 2 (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smead M. D.

Mar 27 1916, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? 537 Exeter St

Former or usual residence 537 Exeter St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sauerl Ernest	March 29 1916.
20-UNDERTAKER	ADDRESS
Robert A Gallia	501 Rogers

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

693635

28 693635

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. Fort Av ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Baumgartner

(Residence in Baltimore: No. 425 E. Fort Av St.; 39 yrs., 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Oct. (Day) 11 (Year) 1876

7-AGE, 39 yrs. 11 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer)..... Nolan & Stevenson

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Christopher Baumgartner

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Theresa Schoen

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Baumgartner

(Address) 425 E. Fort Av.

15- Filed MAR 29 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to March 27 1916, that I saw him alive on March 27 1916, and that death occurred, on the date stated above, at 8.15 Am.

The CAUSE OF DEATH* was as follows:

Tubercular Laryngitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) S. H. Streett M. D.

Mar. 30., 1916 (Address) 431 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Mar 30, 1916

20-UNDERTAKER C. C. Fanning. ADDRESS 1460 Battery Av

C93636

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C93636

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1705 Alice Ann ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Goldberg

(Residence in Baltimore: No. 1705 Alice Ann St. St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Not Known (Month) ..... (Day), 1841 (Year)

7-AGE: 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Mosso Muskatblat

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Sophie Muskatblat

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wolf Goldberg

(Address) 1705 Alice Ann

15- MAR 29 1916

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1915, to, March 29 1916, that I saw h.r alive on March 28 1916, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

Chronic Interstitial Nephritis

(Duration) 16 or 17 yrs. more or less ..... mos. ..... ds.

Contributory (SECONDARY): Senile Decay

(Duration) about 1 yrs. ..... mos. ..... ds.

(Signed), Alfred Whitehead M.D.

March 29, 1916. [Address] 1213 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3/29, 1916

20-UNDERTAKER: Jack Lewis — ADDRESS: E Balto St

TION is very important. See instructions on back of certificate.

c.—6-24-14—M. & T.—2000 Bks.

C93637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 6 C93637

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Bond St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Rochkind

(Residence in Baltimore: No. 407 N. Bond St. St.; ....yrs. 10 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Child

6-DATE OF BIRTH, May (Month) 24 (Day), 1915 (Year)

7-AGE, ...yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Benj Rochkind

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sophia Stein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1419 E Balt St

15- Filed MAR 29 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to March 29 1916, that I saw h er alive on March 29 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

.....
Measles
.....
..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

..... (Duration).....yrs.....mos. 1 ds.

(Signed) R. A. Michelson M. D.

March 29 1916. (Address) 1420 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	31 29, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E Balto St

IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93638

CERTIFICATE OF DEATH.

79 C93638

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Mc Ginn

(Residence in Baltimore: No. 2902 Orleans St. St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 24 (Day) 1832 (Year)

7-AGE 83 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sea Farings
(b) General nature of industry, business, or establishment in which employed (or employer)..... Man (Seaman)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Henry Mc Ginn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Brady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Mc Ginn

(Address) 2902 Orleans st.

15-MAR 29 1916 ROBERT . KRAUTER, Registrar.

Filed....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 27 191 6, to Mch 27 191 6, that I saw h im alive on Mch 27 191 6, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

..... (Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

..... (Duration) 1 yrs. 6 mos. ds.

(Signed) Geo. J. Keller M. D.

3-28, 191.. (Address) 1923 Jonquil St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, March 30, 1916

20-UNDERTAKER Jos. J. Kerr 1914

ADDRESS E. Fayette

Clarence Tyler.

C93639

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 C93639

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Lower Maryland St.; WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Tyler

Residence in Baltimore: No. 619 Cider al

St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, April 15, 1894.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs. 11 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General 043

9-BIRTHPLACE, (State or Country), Wash D.C.

PARENTS.

10-NAME OF FATHER, Chas Tyler

11-BIRTHPLACE OF FATHER (State or Country), Wash. D.C.

12-MAIDEN NAME OF MOTHER Mary Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Steward

(Address) 619 Cider Alley

15- Filed MAR 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy.
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Inflammation
(Intercurrent)
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Fractured Skull (Hit on the head with hatchet)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. D. Jeffers Coroner M. D.
March 28 1916 (Address) 24 W. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 13 ds. In the State....yrs....mos. 21 ds.
Where was disease contracted, if not at place of death? 619 Cider al
Former or usual residence 619 Cider al

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	March 29 1916

20-UNDERTAKER Edwards B. Jones ADDRESS 1118 N Gay

C93640

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93640

1 PLACE OF DEATH

REGISTERED No. C 120

CITY OF BALTIMORE: (No. 3735 Falls Road St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Johnson

(Residence in Baltimore: No. 3735 Falls Road St.; 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH October (Month) (Day), 1830 (Year)

7-AGE 86 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: Phillip Hoderick

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Asked But Not Given

13-BIRTHPLACE OF MOTHER (State or country): Asked But Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clinton Johnson

(Address) 3537 Fallsroad

15- Filed MAR 29 1916 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6, 1915, to, Mar 28 1916, that I saw her alive on Mar 27 1916; and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Odema of Lungs.

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Chronic Nephritis & Cardiac insufficiency (Duration) 1 yrs. mos. ds.

(Signed), J. Saundrelle Rud. M. D.

Mch 28 1916. [Address] 846 W 36 St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Mar. 30 1916 191

20-UNDERTAKER: A. S. Marshall

ADDRESS: 3539 Falls Rd

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93641

CERTIFICATE OF DEATH.

19 C93641

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 China ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Bingham

(Residence in Baltimore: No. 909 China St.; 5 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., (Day) 1872 (Year)

7-AGE, 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Isaiah Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Bingham

(Address) 909 China St

15- Filed MAR 29 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 27 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 12 1916, to Mar 25 1916, that I saw her alive on Mar 25 1916, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease
Mitral
Arteriosclerosis Bronchitis
Pneumonia (Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)
..... (Duration) ... yrs. mos. ds.

(Signed) A. Keese M. D.

March 28 1916. (Address) 522 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va

DATE OF BURIAL, Mch 30, 1916

20-UNDERTAKER John H. Toadvine

ADDRESS 142 W Stiel

Spec.—8-24-14—M. & T.—2000 Bks.

C93642

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93642

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH 1934 Mt Royal Terrace

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bertha Wheatley

(Residence in Baltimore: No. 1934 Mt Royal Terrace St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH: Oct. 27, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm F. Wheatley

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Teresa Michaels

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Family

(Address) 1934 Mt Royal Terrace

15- MAR 29 1916 ROBERT , KRAUTER,
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1915, to March 27 1916, that I saw h[illegible] alive on March 27 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Tabes Mesenterica

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. J. McCollum M. D.

3/29/16 191... (Address) 115 N. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	March 30, 1916.
20-UNDERTAKER	ADDRESS
George J. Ruth.	1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93643

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93643

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mannion

(Residence in Baltimore: No. 1817 Hope St St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Unknown (Month), 1898 (Day) (Year)

7-AGE, 18. yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 270
(b) General nature of industry, business, or establishment in which employed (or employer): Piano factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Mannion

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Agnes Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Agnes Leonard

(Address) 1817 N. Hope st

15- MAR 29 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to March 28 1916, that I saw h.. alive on March 26 1916, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Owen U. Lenhardt M. D.

Mar. 29, 1916. (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1807 Hope St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	March 31 1916.
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Harford Ave

C93644

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93644

CERTIFICATE OF DEATH.

79

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2001 Division ST.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Elizabeth Stark

Residence in Baltimore: No. 326 E. 26th St.

40
(St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Feb (Month) 8th (Day) 1850 (Year)

7-AGE: 66 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Jacob Hoffner

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Matthews

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Florence Dutton

(Address) 326 E 26th St

15- MAR 29 1916 Filed.

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 27th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) Ethan A. Conner M. D.
(Coroner.)

March 27th 1916. (Address) 150 N. Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/30 1916

20-UNDERTAKER: Williams Cook

ADDRESS: 302 E North

IMPORTANT. See instructions on back of certificate.

Marie E Kelly.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93645

91 C93645

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2658 Florence St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Kelly

(Residence in Baltimore: No. 2658 Florence St St.; 8 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Wht

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH July 22, 1915 (Month) (Day) (Year)

7-AGE 0 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Walter M Kelly

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Constance E. Kollestek

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter M Kelly

(Address) 2658 Florence St

15. ROBERT . KRAUTER, Burial Permit Clerk

Filed AUG 29 1916 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1916, to Aug 28 1916 that I saw h alive on Aug 28, 1916 and that death occurred, on the date stated above, at 6:55 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Hamelin M. D.

Aug 28, 1916. (Address) 1303 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL 8/30, 1916

20-UNDERTAKER Williams Cook — ADDRESS 502 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93646

CERTIFICATE OF DEATH.

81 C93646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Ducatel St.; 13 Ward) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Babette Feild

Residence in Baltimore: No. 841 Ducatel St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: January 8, 1820 (Month) (Day) (Year)

7-AGE: 86 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Isaac Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mannheimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Marcus Stern

(Address) 841 Ducatel St

15-

MAR 29 1916 Burial Permit Clerk. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/28 1916, to 3/28 1916, that I saw h[illegible] alive on 3/28 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac - Sclerosis

unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) A. J. Parrott M. D.

3-28, 1916. (Address) 1631 Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cem

DATE OF BURIAL, 3/30, 1916

20-UNDERTAKER J. Ahrens Co

ADDRESS 611 Lemmon

Spec.—8-24-14—M. & T.—2000 Blks.

C93647

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93647

CERTIFICATE OF DEATH.

176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gill

(Residence in Baltimore: No. 413 So. Chapel St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Apr 15, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. H. Giles

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Marie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15- MAR 29 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10 1916, to Mar 27 1916, that I saw h[illegible] alive on Mar 27 1916 and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

about

(Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Leuett M. D.

Mar 28, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State 74 yrs. 8 mos. ..... ds.

Where was disease contracted, if not at place of death? 413 So Chapel St

Former or usual residence 413 So Chapel St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Mar 30, 1916

20-UNDERTAKER Lilly & Zeiler

ADDRESS 400 W Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

C93648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C93648

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Maurer

(Residence in Baltimore: No. 507 S. Robinson St.; ..... yrs. ..... mos. ..... ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Dec. 31st (Month) ....., 1915. (Year)

7-AGE, ...yrs. .....mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Henry C Maurer

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Ida Wise

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C Maurer

(Address) 507 S Robinson St

15- MAR 29 1916 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2 1916, to March 28 1916, that I saw her alive on March 28 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) C. N. Bikey M. D.

March 29 1916 (Address) 1.9.0.5 Patterson Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, March 30, 1916

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 Saddle St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93649

CERTIFICATE OF DEATH

50

C93649

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 430 S. Smallwood ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Sophia Griffen

(Residence in Baltimore: No. 430 S. Smallwood St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Oct. 23, 1848
(Month) (Day) (Year)

7-AGE 67 yrs. 5 mos. 4 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Germany.

PARENTS

10-NAME OF FATHER Carl Wm. Boewen

11-BIRTHPLACE OF FATHER (State or country) Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo H. Keffler

(Address) 430 S. Smallwood St

MAR 29 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 28, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to, March 27 1916, that I saw h.. alive on March 27, 1916, and that death occurred, on the date stated above, at 12.45a m.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) General weakness
(Duration) ..... yrs. 3 mos. ..... ds.

(Signed), Chas. E. Conser M. D.

3-27-, 191.... (Address) 1101 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL March 31 1916

20-UNDERTAKER J. B. Hasfurt | ADDRESS 2238 Frederick Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C93650

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Old Frederick St. R. 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Geo & Bessie Davis

(Residence in Baltimore: No. 3415 Old Fred. Rd St.; ....yrs. Life mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 26, 1916.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 2 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Davis

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Bessie Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Davis

(Address) 3410 Old Rd

15 MAR 29 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar of V.S.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 28 1916
that I saw her alive on March 28 1916
and that death occurred, on the date stated above, at 9:20 A m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 5½ Mos Pregnancy

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard Jones M. D.
March 28 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Mar 29th, 1916.
20-UNDERTAKER	ADDRESS
J. B. Hespert	2238 Fred'k Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93651 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69 C93651

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Effort

(Residence in Baltimore: No. 522 N. Duncan St St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Unknown, 1882 (Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown.
(b) General nature of industry, business, or establishment in which employed (or employer): H&G

9-BIRTHPLACE, (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Pihelp.

(Address) Johns Hopkins Hosp.

15- MAR 20 1916 Filed ....., 191... ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1916, to March 27 1916, that I saw h[illegible] alive on March 27 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Endocarditis

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) — yrs. — mos. — ds.

(Signed) Harvey Stone M. D.

Mar 28, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. few ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 522 N. Duncan

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, March 31, 1916

20-UNDERTAKER Milton Davis — ADDRESS 1608 McElderry St

C93652 HEALTH DEPARTMENT—CITY OF BALTIMORE C93652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH S. E. Cor Ashland Ave & Eden St

CITY OF BALTIMORE (No. 426 N Eden St. 10 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Lacompte

(Residence in Baltimore: No. 426 N Eden St.; yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1862 (Year)

7-AGE, About 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lacompte

(Address) 426 N Eden St

15- MAR 29 1916 Registrar.

Filed ..... Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar Tunnell M. D. (Coroner.)

March 27th, 1916 (Address) 1126 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	March 30 1916
20-UNDERTAKER	ADDRESS
Milton Davis	1608 McElderry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93653 HEALTH DEPARTMENT—CITY OF BALTIMORE C93653

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Waters

(Residence in Baltimore: No. 1509 Mullikin St St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	married

6-DATE OF BIRTH, ... — (Month) — (Day) 1878 (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15-

Filed MAR 30 1916, 191... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to March 27 1916, that I saw her alive on March 27 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorr Rage (Left internal capsule)

(Duration) ....yrs....mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ? yrs. ? mos. ? ds.

(Signed) V. C. Mason M. D.

March 4, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 10 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1509 Mullikin St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Ashury cemetery Mar	31, 1916.

20-UNDERTAKER	ADDRESS
Hilton, Earle	1608 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

C93654

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93654

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Thames ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kuczkowski

(Residence in Baltimore: No. 1622 Thames St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 18.59
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Poland Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski

(Address) 1621 Thames St.

15- MAR 29 1916 Filed, 191. ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 29 1916, that I saw h alive on March 28 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia &
Heart Failure

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 2T yrs. mos. ds.

(Signed) Thos. A. Bullock M. D.

3/29, 191.6 (Address) Thos. A. Bullock

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Mar. 31., 191.6.

20-UNDERTAKER M. F. Sadowski ADDRESS 405 S. Ann St.

2 pm

C93655

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 C93655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 N. Mount St. 15 Ward)

2-FULL NAME Ella Thompson

(Residence in Baltimore: No. 1341 N. Mount St.; 24 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: — 1892 — (Month), 1 (Day), (Year)

7-AGE: 24 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): South Carolina

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): S. Carolina

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Ida Dunlap

(Address): 1341 N. Mount

15- Filed MAR 29 1916, 191..

MARY O. ARCHER
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mar 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18, 1916, to, Mar 28 1916, that I saw h[illegible] alive on Mar 27 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs 1 mos 10 ds.

Contributory (SECONDARY): Pregnancy

(Duration) yrs 1 mos ds.

(Signed) H. F. C. Lunk M. D.

Mar 29, 1916 [Address] 1340 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: March 30 1916

20-UNDERTAKER: Daniel Easton — ADDRESS: 926 Pa ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93656

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C93656

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 / S. Schroeder ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H Mallow

(Residence in Baltimore: No. 4 / S. Schroeder St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown, 18[illegible]
(Month) (Day) (Year)

7-AGE, 71 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired 25
(b) General nature of industry, business, or establishment in which employed (or employer), Dept. of Police

9-BIRTHPLACE, (State or Country), Cumberland Md

PARENTS.

10-NAME OF FATHER, Henry Mallow

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerry O'Brien

(Address) 4 / S. Schroeder

15- Filed MAR 29 1916, 191.. ROBERT O ARCHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1913, to March 28 1916, that I saw h[illegible] alive on March 28 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) E. Mears Johnston M. D.

March 29, 1916. (Address) 74 N Carlton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cumberland Md — DATE OF BURIAL, March 30, 1916.

20-UNDERTAKER John J. Corcoran Son — ADDRESS 901 Hollins St.

C93657

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93657

CERTIFICATE OF DEATH.

PLACE OF DEATH — 1700 Guilford av — 29

CITY OF BALTIMORE (No. Crown Cork + Seal Co ST.; 20 WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Samuel O Jost

(Residence in Baltimore: No. 2576 West Baltimore St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 18 (Day), 1885 (Year)

7-AGE, 30 yrs. 8 mos. 10 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Crown Cork + Seal Co

9-BIRTHPLACE, (State or Country) Pennsylvania

PARENTS.

10-NAME OF FATHER, George P. Jost

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Olivia Whitthur

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dora M Gilbach

(Address) 2576 W. Balto Street

15- MAR 29 1916 MARKET O ARMAND, Filed ..... 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic endocarditis

(Duration) .....yrs.....mos.....ds.

(Signed) Wm H Chambers M. D. (Coroner.)

March 29 1916 (Address) 18 E. Lt. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Glenrock Pa — DATE OF BURIAL, 3/31, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Dr Chambers Preston E 214

CAUSE OF DEATH must be stated in plain English. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Reidenbach

(Residence in Baltimore: No. Little Sisters of the Poor St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 20 — (Month) (Day), 1857 (Year)

7-AGE 65 yrs. 1 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Josef Smother

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Ballas

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAR 29 1916 HARRY O ANDREWS, Filed ....., 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to ..... 191.....,

that I saw h.. alive on about 2 weeks prior to this date 1916, and that death occurred, on the date stated above, at 6½ a m.

The CAUSE OF DEATH* was as follows:

.....

..... Senile Dementia

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

..... (Duration) — yrs. — mos. — ds.

(Signed) H. A. Warner M. D.

March 29, 1916 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. ..... mos. ..... ds. In the State 65 yrs. 1 mos. 9 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, March 30, 1916.

20-UNDERTAKER H. C. Brudfield — ADDRESS 914 Greenmount Ave

C93659 HEALTH DEPARTMENT---CITY OF BALTIMORE C93659

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1113 Brunes Court St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Rosa M Fletcher (Fletcher)

(Residence in Baltimore: No. 1113 Brunes Court St.; 18 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: unknown ..... (Month) ..... 1 (Day) ..... (Year)

7-AGE: 18 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: thomas Fletcher

11-BIRTHPLACE OF FATHER (State or country): Annapolis Md

12-MAIDEN NAME OF MOTHER: Green thompson

13-BIRTHPLACE OF MOTHER (State or country): Balt city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Green Fletcher

(Address) 1113 Brunes St

MAR 29 1916

Filed ....., 191 .....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March ..... (Month) ..... 25 (Day) ..... 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to, March 25 1916, that I saw h..... alive on March 24 1916, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Galloping)
(Pulmonary)

..... (Duration) ..... yrs. 1 mos. ..... ds.

Contributory (SECONDARY): Sy Bronchitis

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) C. H. Thomas M. D.

March 28, 1916 [Address] 713 S Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: March 30 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 609 Little Pratt

TION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

C93660

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93660

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Riverside Ave St.; 21st WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hunt.

(Residence in Baltimore: No. 1355 Riverside Ave St.; Life Time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. December 12th, 1842
(Month) (Day) (Year)

7-AGE. 73 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sheet Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Hunt

(Address) 1355 Riverside Ave

15- MAR 29 1916 HARRY O INGRAM

....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 27 1916, that I saw h.im alive on March 27 1916, and that death occurred, on the date stated above, at 1 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Myocarditis,

(Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration).....yrs.....mos. 1 ds.

(Signed) Jas A O'Donnell M. D.

March 28 1916. (Address) 102 E Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, 3-30-16

20-UNDERTAKER E Y B Hart ADDRESS 115 E Mt St

C93661

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 C93661

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1702 N Fulton Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret H Holland

(Residence in Baltimore: No. 1702 N Fulton Ave St.; 67 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July 29th, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 8 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: McLand H Bell

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Sara E Hudson

13-BIRTHPLACE OF MOTHER (State or country): Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George P. Holland

(Address) 1702 N. Fulton Ave

15. Filed MAR 29 1916, 191 — MARK O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 22, 1916 to Mch 29 1916 that I saw her alive on Mch 28, 1916 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis
& Gastritis

(Duration) yrs. mos. 1 wk.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Chas H Dulant M. D.

Mch 29, 1916 (Address) 1100 W Saratoga Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Mar. 31, 1916

20-UNDERTAKER: Joseph L. B. Cook — ADDRESS: 1003 W Balto St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93662

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C93662

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 39 S. Fulton Ave ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Franklin Hodges

(Residence in Baltimore: No. 39 S Fulton Ave St.: 73 yrs. 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Jan 23. 1843
(Month) (Day) (Year)

7-AGE. 73 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Maryland,

PARENTS.

10-NAME OF FATHER. John Hodges,

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Caroline E. Bisacht

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. Hodges

(Address) 39 So. Fulton Ave.

15- Filed MAR 29 1916, 191.... MARK O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 28 1916, that I saw him alive on March 28 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Congestion of Brain

(Duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D.

....., 191... (Address) 1733 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL. Mar 31st 1916

(Undertaker) Joseph L. B. Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C93663

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93663

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Madiera St.; 6 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie P. Banda

(Residence in Baltimore: No. 408 N. Madiera St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Not Known ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Ignac Pisl

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ladislav Banda

(Address) 408 N. Madiera St

15- MAR 30 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Mar ..... 27 ....., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 27 1916, to March 27 1916, that I saw her alive on March 27 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Nephritis

..... (Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Edema Pulmonis

Exhaustion (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Adolph C. Eisenberg M. D.

March 29 1916 (Address) 2701=3 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	March 30, 1916.
20-UNDERTAKER	ADDRESS
Frank Leach & Son	1904 Eastland Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93664

CERTIFICATE OF DEATH.

10 C93664

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1375 Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tohie Rose Rombo

(Residence in Baltimore: No. 1375 Woodyear St ST.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July — 6, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltcity Md

PARENTS.

10-NAME OF FATHER, Rubia Rombo

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Rosenzweig

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balto St

15. Filed MAR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21 1916, to March 29 1916, that I saw h[illegible] alive on March 29 1916, and that death occurred, on the date stated above, at 5.25 p.m.

The CAUSE OF DEATH* was as follows:

1a Grippe

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) J. Frederick Lentz M. D.

3/31, 1916. (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 3/30, 1916

20-UNDERTAKER Jack Lewis — ADDRESS E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93665

CERTIFICATE OF DEATH.

71 C93665

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620. Shakspeare ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander SKARZYNSKI

(Residence in Baltimore: No. 1620. Shakspeare St.; ....yrs., ...mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Sing.

6-DATE OF BIRTH, Mar. 26, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer). Infant.

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Bronislaw Skarzynski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland.

12-MAIDEN NAME OF MOTHER Helen Zajac

13-BIRTHPLACE OF MOTHER (State or Country). Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bronislaw Skarzynski.

(Address) 1620 Shakspeare St.

15- MAR 30 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1916, to March 29 1916, that I saw him alive on March 29 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(Duration) ....yrs....mos. 2d. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs....mos. 2 ds.

(Signed) W. J. Kopanski M. D.

March 29 191.. (Address) 1008 Shenandoah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, March 30 1916

20-UNDERTAKER William Fiaszowski

ADDRESS 618 Eastern Ave.

C93666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96 C93666

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1707 Fleet St. WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Mlynarek

(Residence in Baltimore: No. 1707 Fleet St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Dec. ~~19~~, 1855
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
60 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General 243

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Jantowski

(Address) 1707 Fleet St.

15- Filed MAR 30 1916, 191.. ROBERT . BRAUNER, Registrar. Permit Clerk

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Jones M. D.
(Coroner.)

Mch. 29, 1916 (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, Mar. 31, 1916

20-UNDERTAKER Jacob Finkowski ADDRESS 428 S. Bond St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93667 6 C93667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S. Charles ST.; 27 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Katie Cohen

(Residence in Baltimore: No. 630 S. Charles St.; — yrs. 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, July (Month) 3 (Day) 1915 (Year)

7-AGE, — yrs. 8 mos. 27 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Cohen

(Address) 630 S. Charles St.

15- MAR 30 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar - 24 - 1916, to Mar - 30, 1916, that I saw h[er] alive on Mar - 29, 1916, and that death occurred, on the date stated above, at 4 9, m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 2 ds.

(Signed) D. Krauskopf M. D.

Mar. 30., 1916 (Address) 1127 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Tahor Burying Ass'n — DATE OF BURIAL, Mar 30, 1916

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

Spec.—[illegible] M. & T.—2000 Bks.

Angus Mac Donald.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93668

CERTIFICATE OF DEATH.

92 C93668

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Angus MacDonald

(Residence in Baltimore: No. 1359 Columbia Ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov 3 (Month) ..... (Day) 1877 (Year)

7-AGE. 38 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bar maker
(b) General nature of industry, business, or establishment in which employed (or employer). Bar Factory

9-BIRTHPLACE, (State or Country). Md Balto

PARENTS.

10-NAME OF FATHER. Alexander MacDonald

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Louise Dickerson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie MacDonald

(Address) 1359 Columbia ave

15- FILED MAR 30 1916 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3/27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/25 191 6, to 3/27 191 6, that I saw him alive on 3/26 191 6, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frankstein M. D.

3.27., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1359 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem — DATE OF BURIAL. March 30., 1916.

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS N. Y. ave

CAUSE OF DEATH should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C93669

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 849 China Alley St.: 22 WARD) REGISTERED No. C

2-FULL NAME Lillian Buck

(Residence in Baltimore: No. 849 China Alley

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 2 yrs., 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1914 (Year)

7-AGE, 2 yrs. 9 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Louis Buck

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Lillian Corprew

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Buck

(Address) 709 S Sharp St

15- Filed MAR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] (Coroner) ....M. D.

Marckh 29, 191.6 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. DATE OF BURIAL, March 30 1916

20-UNDERTAKER J. Smith Yoder ADDRESS 142 W Pratt St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—[illegible] Bks.

C93670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C93670

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Madeira Mitchell

(Residence in Baltimore: No. 128 N. Calhoun St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-[illegible] MARRIED, [illegible] OR [illegible], (Write the word.) Married

6-DATE OF BIRTH, Nov. 27th, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 668
(b) General nature of industry, business, or establishment in which employed (or employer): Undertaker

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, John Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Silver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Mitchell

(Address) 1201 W. Fayette St.

15- [illegible] ANNOTES
Burial Permit Clerk.

MAR 30 1916 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to March 28 1916, that I saw h[illegible] alive on March 8 1916, and that death occurred, on the date stated above, at 7.45 P.m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 2 yrs. mos. ds.

(Signed) Harry Adler M. D.

March 30, 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Mch. 31. 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

C93671

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 4 WARD) REGISTERED NO. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph T. Warfield

(Residence in Baltimore: No. Y. M. C. A. Building Franklin & Cathedral Sts. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 19th, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Fidelity Bldg

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Georg Warfield

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Ellen Shuckles

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Warfield

(Address) 624 N. Carrollton Ave.

15- MAR 30 1916 191.... ROBERT . KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to Mar 29 1916, that I saw h[im] alive on Mar 28 1916, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ? yrs. ? mos. X ds.

CONTRIBUTORY (Secondary) senility

(Duration) unknown yrs. mos. ds.

(Signed) W. L. Richards M. D.

Mch. 29, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? His residence

Former or usual residence Y. M. C. A. Bldg. Balto. Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Mch. 31., 1916.
20-UNDERTAKER	**ADDRESS**
E. M. Mitchell & Co.	120 W. Fayette.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93672

CERTIFICATE OF DEATH.

91 C93672

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E Chase ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth F. Shutt

(Residence in Baltimore: No. 2019 E. Chase St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... November 11th, 1841
(Month) (Day) (Year)

7-AGE, ... 74 yrs. 4 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Nicolaus Pickstadt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know.

13-BIRTHPLACE OF MOTHER (State or Country), Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Samuel F. Schutt .....

(Address) 710 N Linwood Ave

15- Filed MAR 30 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... 30th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28th 191 6, to March 30th 191 6, that I saw her alive on March 30th 191 6, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

..... Bronchio Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert F. Fitzgerald ..... M. D.

3/31, 191 6 (Address) 1501 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	April 2 1916.
UNDERTAKER	ADDRESS
Robert J. Turner	1942 Broadway

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C93673

CERTIFICATE OF DEATH.

REGISTERED No. C93673

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 939 Mason street, ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Adams,

(Residence in Baltimore: No. 939 Mason street,

Life

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, March (Month) 9th (Day), 1915. (Year)

7-AGE, 1 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard T. Adams,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Fannie Baker,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Adams, mother,

(Address) 939 Mason street.

15- MAR 30 1916 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 24th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia,
(Non sequelum exanthemae)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. 3 mos. ds.

(Signed) J. Frederick Kemper M. D.
(Coroner.)

Mar. 24th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAR 29 1916
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPO

Spec.—8-24-14—M. & T.—2000 Bks.

C93674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 14 V C93674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Jane Swan

(Residence in Baltimore: No. Residence of Jane Swan Brookfield Md St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... March (Month) ..... 10 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. General Hospital

PARENTS.

10-NAME OF FATHER, Daniel Church

11-BIRTHPLACE OF FATHER (State or Country). Brookfield, Md

12-MAIDEN NAME OF MOTHER Jane Swan

13-BIRTHPLACE OF MOTHER (State or Country), Brookfield Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Eugene Gulley

(Address) ..... Md. General Hospital.

15- FILED MAR 30 1916 ..... ROBERT T. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) ..... 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 26 1916, that I saw h er alive on March 25 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

..... Gangrene of left foot .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) ..... Septicemia .....

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) ..... Eugene Gulley ..... M. D.

3/25, 1916 (Address) ..... Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ..... yrs. ..... mos. 15 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. | DATE OF BURIAL, MAR 29 1916, 191...

20-UNDERTAKER Commissioner Health. | ADDRESS

FOR ANATOMICAL PURPOSES

C93675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93675

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1921 N Caroline ST.: 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Emsley

(Residence in Baltimore: No. 1921 N Caroline St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... March (Month) 21st (Day), 1913 (Year)

7-AGE, 2 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Car Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer)..... P. R. R. 536

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Peter Emsley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie E Jacobs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Jacobs

(Address) 1921 N. Caroline

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed MAR 30 1916 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward ... M. D.
(Coroner.)

March 28th, 191.6 (Address) 134 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel Cem.	March 30th, 1916
20-UNDERTAKER	**ADDRESS**
H. Sander Sons	1710 East N.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93676

CERTIFICATE OF DEATH.

170 C93676

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3013 Eastern Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henritta A Butschky

Residence in Baltimore: No. 3013 Eastern Ave St.; 64 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... May (Month) 30 (Day), 1849 (Year)

7-AGE, 66 yrs. 9 mos. 28 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Burgan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Henritta Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), F. W. Butschky

(Address) 525 S. Kenwood Ave

15- MAR 30 1916 ROBERT . KRAUTER,
Filed....., 191.... Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1916, to March 28th 1916, that I saw h[er] alive on March 27th 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 10 hours ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Herman J. Siemens M. D.

March 29th, 1916 (Address) 1920 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	March 31, 1916
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93677 — 1916 — C93677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 504 S Kenwood Ave | ST.; | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Dengler

(Residence in Baltimore: No. 504 S. Kenwood Ave St.; Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... Aug. 15 ....., 1858.
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 12 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Dengler

(Address) 504 S. Kenwood Ave

15- Filed MAR 30 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to March 28 1916, that I saw her alive on March 28 1916, and that death occurred, on the date stated above, at 1150 m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) 6 yrs. mos. ds.

(Signed) C L Love M. D.

3/29, 1916. (Address) 2701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	March 31, 1916.
20-UNDERTAKER H. Sander & Sons	ADDRESS 1210 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93678

CERTIFICATE OF DEATH.

79 C93678

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1512 E Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gregory Schaefer

(Residence in Baltimore: No. 1512 E Eager St.; 57 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 8 (Day), 1838 (Year)

7-AGE, 77 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Gardener
(b) General nature of industry, business, or establishment in which employed (or employer): w Flour. Off

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Schaefer

(Address) 1512 E Eager St.

15- MAR 30 1916 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from March 27 1916, to March 30, 1916, that I saw h.l.l.l. alive on March 30 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilatation

(Duration) Indefinite

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Benj. S. Hayden M. D.

March 29 1916. (Address) 1216 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lodge Cemetery DATE OF BURIAL, April 1, 191.6

20-UNDERTAKER Henry Horn & Son ADDRESS 1301 E Eager St

W 4070

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93679

CERTIFICATE OF DEATH.

x76 C93679

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora C Smith

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, August 9, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, James P Cummings

11-BIRTHPLACE OF FATHER (State or Country), N.Y

12-MAIDEN NAME OF MOTHER Clara C. Wilson

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hosp

15- MAR 30 1916 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to March 30 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Septicemia following Otitis Media

(Duration) 0 yrs. 0 mos. 15 ds.

CONTRIBUTORY (Secondary) Thrombosis Rt. Iliac Artery

(Duration) 0 yrs. 0 mos. 4 ds.

(Signed) H. M. Musser M. D.

March 31, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ✓ yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 500 Washington St Pekin Ill

19-PLACE OF BURIAL OR REMOVAL, Pekin Ill — DATE OF BURIAL, Mar 30, 1916.

20-UNDERTAKER Elliott C Fuller — ADDRESS 121 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C93680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x74C93680

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willis Butts.

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs.,....mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sngl

6-DATE OF BIRTH, Dec (Month) 11 (Day), 1894 (Year)

7-AGE, 21 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Minister
(b) General nature of industry, business, or establishment in which employed (or employer)..... 755

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Chas. Butts.

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Belle Brown.

13-BIRTHPLACE OF MOTHER (State or Country), Fla.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeiffer

(Address) Johns Hopkins Hosp

15- Filed MAR 30 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to Mar 29 1916, that I saw him alive on Mar 29 1916, and that death occurred, on the date stated above, at 1 14 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor —

..... (Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Followed by Fracture (Surgical Shock) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Mont R Reid M. D.

Mar 29, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State ✓ yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Mulberry Fla.

19-PLACE OF BURIAL OR REMOVAL, Hawthorn Fla — DATE OF BURIAL, Mar 30, 1916

20-UNDERTAKER Albert C Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93681

CERTIFICATE OF DEATH.

19 C93681

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Castle ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Goldbeck

(Residence in Baltimore: No. 235 S. Castle St ST.; 16 yrs. 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 2nd, 1899.
(Month) (Day) (Year)

7-AGE, 16 yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Office boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm J Goldbeck

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Sophia Mazon

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Goldbeck

(Address) 235 S Castle

15- MAR 30 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 12 1916, to Mch 27 1916, that I saw h[illegible] alive on Mch 27 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) 8 yrs. mos. ds.

(Signed) Geo. Heller M. D.

3-28, 191.. (Address) 937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Mch 31, 191..

20-UNDERTAKER John A Wood

ADDRESS Bank & Amity

Spec.—8-24-14—M. & T.—2000 Blks.

C93682

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93682

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E Federal St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Rubeny

(Residence in Baltimore: No. 421 E. Federal St.; 1 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar. 9, 1875.
(Month) (Day) (Year)

7-AGE, 41 yrs. — mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): 323

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bartholomew Rubeny

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann McDonough

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rubeny

(Address) 421 E. Federal St

15- Filed MAR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 28th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to Mar 28th 1916, that I saw h.. alive on Mar 28th 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

.....

Cardiac Exhaustion

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ... yrs. ... mos. 6 ds.

(Signed) Arthur Hebb M. D.

Mar 30th 1916, 191.. (Address) 2011 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	Mar 31., 191..
20-UNDERTAKER John C Horan & Sons	ADDRESS Bank

HEALTH DEPARTMENT---CITY OF BALTIMORE

93683

CERTIFICATE OF DEATH

92 093683

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 329 N. Carrollton Ave ST. 18 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Rhinear Thomas

(Residence in Baltimore: No. 329 N. Carrollton Ave St., 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Feb. (Month) 24 (Day) 1849 (Year)

7-AGE: 67 yrs. 1 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fireman 733
(b) General nature of industry, business, or establishment in which employed (or employer): Public School.

9-BIRTHPLACE (State or country): London City Va

PARENTS

10-NAME OF FATHER: Wm Thomas.

11-BIRTHPLACE OF FATHER (State or country): London City Va

12-MAIDEN NAME OF MOTHER: Handley

13-BIRTHPLACE OF MOTHER (State or country): London City Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Glen M Riley

(Address) 2602 Elsinore Ave

15- MAR 30 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25, 1916, to, March 28 1916, that I saw h.im alive on March 27 1916, and that death occurred, on the date stated above, at 5 19 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

4
(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Collapse,

(Duration) ..... yrs. ..... mos. 3 hrs. ..... ds.

(Signed), Chas L. Tilghman M. D.

March 28, 1916. [Address] 2806 Garrison Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar. 30, 1916

20-UNDERTAKER: Joseph L. Block — ADDRESS: 1003 Balto St.

ATION is very important. See instructions on back of

C93684 HEALTH DEPARTMENT—CITY OF BALTIMORE 1914

C93684

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1409 Myrtle avenue, ST.: 14 WARD)

2-FULL NAME Florence Clash,

(Residence in Baltimore: No. 1409 Myrtle avenue,

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, August (Month) 13th (Day), 1883. (Year)

7-AGE, 32 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Iowa,

PARENTS.

10-NAME OF FATHER, Baxter McDowell,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Georgie Harris,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Wright, sister,

(Address) 1619 Division street.

15- FILED MAR 30 1916 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 28th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis, following self-induced abortion,

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

Mar. 28th 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Mch 31., 19.16
20-UNDERTAKER Jno A Bishop	ADDRESS No 7 Hendhill Con.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 C93685

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1570 Richland ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Lane

(Residence in Baltimore: No. 1570 Richland St.; 35 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 14, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, John Kunk

11-BIRTHPLACE OF FATHER (State or Country), P.A

12-MAIDEN NAME OF MOTHER Sarah Klinefelter

13-BIRTHPLACE OF MOTHER (State or Country), P.A

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Sludman

(Address) Woodsville

15- MAR 30 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan'y 6, 191.., to March 28 191 6, that I saw her alive on March 27 191 6, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) 15 yrs. 6 mos. 9 ds.

(Signed) Nathaniel Gash M. D.

March 29 191 6. (Address) 2131 Boston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, March 31, 191 6

20-UNDERTAKER William Cook ADDRESS 502 E Pratt

M 6538

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93686

CERTIFICATE OF DEATH.

91 C93686

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N. Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gates

(Residence in Baltimore: No. 1039 N. Fulton Ave St.; ....yrs., Life mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 22, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo. Hatzell

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Lydia Sugars

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Leslie Sugars

(Address) 1039 N. Fulton

15- FILED MAR 30 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1916, to March 29 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

1 Bronchis Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 10 yrs. ....mos. ....ds.

(Signed) C. N. Duvall M. D.

3/30, 191... (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, March 2, 1916.

20-UNDERTAKER Wm. Cook — ADDRESS 1026 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93687

CERTIFICATE OF DEATH.

170 C93687

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Truxton ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Marsh

(Residence in Baltimore: No. 605 Truxton St.; 15 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug — 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 7 mos. da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country). Howard Co Md

PARENTS.

10-NAME OF FATHER, Charles E. Ridgley

11-BIRTHPLACE OF FATHER (State or Country), Howard Co

12-MAIDEN NAME OF MOTHER Lydia Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer E. Marsh

(Address) 605 Truxton

MAR 30 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1916, to March 25 1916, that I saw h.r alive on March 25 1916, and that death occurred, on the date stated above, at 9:45 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Mitral Insufficiency
Cardiac Degeneration
(Duration) 2 yrs. mos. da.

CONTRIBUTORY. (Secondary) Pneumonia
Edema (Duration) yrs. 1 mos. 8 da.

(Signed) Wm. F. Finan M. D.
March 29, 1916. (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oella Balto Co Md — DATE OF BURIAL, 3/31, 1916

20-UNDERTAKER Haldeman Cook — ADDRESS 502 E North

Dr Finan 22 E Preston

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93688

CERTIFICATE OF DEATH.

92 C93688

1—PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Mr. William H. Walter.

(Residence in Baltimore: No. 200 N. Front St. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, male.

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6—DATE OF BIRTH, February 20, 1849 (Month) (Day) (Year)

7—AGE, 67 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Proprietor

9—BIRTHPLACE, (State or Country), Allentown - Pa.

PARENTS.

10—NAME OF FATHER, Adam Walter.

11—BIRTHPLACE OF FATHER (State or Country), Bethlehem Pa

12—MAIDEN NAME OF MOTHER Lucinda Kremser

13—BIRTHPLACE OF MOTHER (State or Country), Lehigh Co. Pa

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. H. Walter.

(Address) 200 N. Front St

15— MAR 30 1916 ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, March 29, 1916. (Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from March 22 1916, to Mch 29 1916, that I saw him alive on Mch 29 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

..... Grip

..... Pneumonia - Abcess

..... (Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Internal Haemorrhage due to Gastric Ulcer

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Leo C. Beam M. D.

Mch 29, 1916. (Address) 416 P. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home - 200 N. Front St.

Former or usual residence 200 N. Front St

19—PLACE OF BURIAL OR REMOVAL, Baltimore Cem DATE OF BURIAL, March 31, 1916

20—UNDERTAKER Wm Cook ADDRESS 502 E. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

Jacob Krautz

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 093689

8 093689

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 James St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Krautz

(Residence in Baltimore: No. 1204 James St St.; 42 yrs., 0 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 11, 1874.
(Month) (Day) (Year)

7-AGE, 42 yrs. 0 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender 802
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Krautz

11-BIRTHPLACE OF FATHER (State or Country), York Pa.

12-MAIDEN NAME OF MOTHER Elizabeth Young

13-BIRTHPLACE OF MOTHER (State or Country), Middletown Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wendell

(Address) 1204 James st

15- MAR 30 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 29 1916, that I saw him alive on March 27 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

Chronic (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis & Asthma

(Duration) yrs. 2 mos. ds.

(Signed) Clifford L. Mann M. D.

3-28-1916 191... (Address) 1227 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	March 31, 1916.
20-UNDERTAKER	**ADDRESS**
John J. Field	1200 W. Baltimore St

Spec.—3-[illegible]-16—M. & T.—2000 Bks.

C93690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 C93690

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 523 S. Patomac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bechtold

(Residence in Baltimore: No. 523 S. Patomac St.; 70 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Oct. (Month) 29 (Day), 1838 (Year)

7-AGE.	If LESS than 1 day,
77 yrs. 5 mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Stillman +75
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Works

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bechtold, Sr.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nettie Bechtold

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Bechtold

(Address) 523 S. Patomac St.

15- Filed MAR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1916, to Mar 28 1916, that I saw him alive on Mar 28 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Valvular of the Heart
(Primary Cause) Result of old Hernia
Arteriosclerosis Acute 36 Hrs
(Duration) 5 yrs. mos. ds.
CONTRIBUTORY Hernia
(Secondary)
(Duration) 5 yrs. mos. ds.

(Signed) L. D. Smoke M. D.
Mar 29, 1916. (Address) 1935 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	April 1, 191.6
20-UNDERTAKER	ADDRESS
Zikler & Zikler	1739 E. Eager

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93691 C93691

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1459 Columbia Ave (St.) 21 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia C. Beckhardt

(Residence in Baltimore: No. 1459 Columbia Ave St.; 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Aug. 17th, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hoffman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Julia Herrick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Beckhardt

(Address) 1135 Maincake St

15-
Filed MAR 30 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1916, to March 27 1916, that I saw h er alive on March 27 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) Shepherd Brown M. D.

3/29/, 1916. (Address) 1227 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Mar 31, 1916.

20-UNDERTAKER John Howard Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

C93692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93692

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1427 Hanover St. ST.; 23 WARD) REGISTERED No. C

2-FULL NAME Elsie V Bender

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1427 Hanover St. St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept (Month) 23 (Day), 1907 (Year)

7-AGE, 6 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto County Md

PARENTS.

10-NAME OF FATHER, Louis E. Bender

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Lillian Mosberger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis E. Bender

(Address) 1427 Hanover St.

15-
MAR 30 1916
Filed....., 191.....
MARY O. ALLEN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1916, to Mar 30 1916, that I saw her alive on Mar 30 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. F. Campbell M. D.

Mar 31, 1916 (Address) 164 W Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cem	Mar 31st, 1916
20-UNDERTAKER	ADDRESS
C Schlosman & Son	1039 Hanover st.

9 A.M.

Spec.—8-24-14—M. & T.—2000 Bks.

C93693

HEALTH DEPARTMENT—CITY OF BALTIMORE

61 C93693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 E Barney ST.; 23 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas E Taylor

(Residence in Baltimore: No. 46 E Barney St.; 5 yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 13, 1911
(Month) (Day) (Year)

7-AGE, 5 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles W. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bertha Stalling

13-BIRTHPLACE OF MOTHER (State or Country), A A Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Taylor

(Address) 46 E Barney St.

15- Filed MAR 30 1916, 191.....

HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 8 1916, to Mar 29 1916, that I saw h[illegible] alive on Mar 29 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Acute Meningitis

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs....mos. 3 ds.

(Signed) R. L. Campbell M. D.

Mar 30, 1916 (Address) 164 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	April 2nd, 1916.
20-UNDERTAKER	ADDRESS
E Lehlmann & Son	1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093694

CERTIFICATE OF DEATH.

151 093694

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Romans Hospital - ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Infant Mitchell

(Residence in Baltimore: No. 410 St Paul St - city - St.; + yrs., 8hrs 25 min mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White.	

6-DATE OF BIRTH, Mar 30 - (Month), (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, 8 hrs. 25 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, William Ross Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore - Md.

12-MAIDEN NAME OF MOTHER, Julia Burrell

13-BIRTHPLACE OF MOTHER (State or Country), Canada —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. R Mitchell -

(Address) 410 St Paul St —

15 MAR 30 1916 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30th - (Month), (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1916, to Mar 30 1916, that I saw her alive on Mar 30 1916, and that death occurred, on the date stated above, at 10 10 A m.

The CAUSE OF DEATH* was as follows: Premature birth (7 Months)

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute pulmonary Infection (Maternal) (Duration) ... yrs. 3 mos. ... ds.

(Signed) S. J Glass Jr. M. D.

Mar 30 -, 191 6 (Address) Romans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 8 hrs mos. 25 Min ds. In the State ... yrs. 8 hrs mos. 25 Min ds.

Where was disease contracted if not at place of death? -

Former or usual residence 410 St Paul St.

19-PLACE OF BURIAL, OR REMOVAL, Mt Ridge Cemetery — DATE OF BURIAL, Mch 31., 191 6

20-UNDERTAKER H E Hughes — ADDRESS 1734 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C93695

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93695

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Eccleston

(Residence in Baltimore: No. 411 Aisquith St. St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Don't know ....., 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mortise Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Balto City Maryland

PARENTS.

10-NAME OF FATHER, Geo Eccleston

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Dockeary

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Eccleston

(Address) 2305 - E Federal

15- MAR 30 1916 Burial Permit Clerk.
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 29, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 29 1916, to Mar 29 1916, that I saw him alive on Mar 29 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) ..... yrs. 7 mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward R Smith M. D.

Mar 29 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. In the City ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? 411 Aisquith St.

Former or usual residence 411 Aisquith St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Mar 31, 1916

20-UNDERTAKER J Herring & Co

ADDRESS Woodlawn

Spec.—5-19-13—M. & T.—500 Bks.

C93696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C93696

CERTIFICATE OF DEATH. 28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 E. 41st. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Agnes Moyer

(Residence in Baltimore: No. 801 E. 41st. St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Married

6-DATE OF BIRTH, March 1, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 26 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McNally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann McDermott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward V. Moyer

(Address) 801 E. 41st St

15- MAR 30 1916 HARRY O ANDREWS, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 26 1916, to March 27 1916, that I saw h Er alive on March 25 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 3 yrs. mos. ds.

(Signed) Cor Schmit M. D.

March 28, 1916 (Address) 701 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	3-31, 1916
20-UNDERTAKER H. Brauns & Son	ADDRESS 517 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

C93697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED NO. C 129 C93697

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Amey

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1883 (Year)

7-AGE, 32 yrs. 8 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Isaac Amey

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Suzette Clark

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAR 30 1916, 191. MARY O ANDREWS, Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 30 1916, that I saw her alive on March 30 1916, and that death occurred, on the date stated above, at 2 50 p.m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Post Operative)

CONTRIBUTORY (Secondary) Myoma of Uterus (Duration) 0 yrs. 0 mos. 7 ds.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature]

March 30, 1916. (Address) Johns Hopkins Hosp M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 290 Albert St Belleville Ontario Can

19-PLACE OF BURIAL OR REMOVAL, Belleville Canada — DATE OF BURIAL, March 30, 1916

20-UNDERTAKER Flint & Fuller — ADDRESS 221 N Broadway

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93698 C93698

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E. Clement ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Brown

(Residence in Baltimore: No. 619 E. Clement St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Dec. (Month) 8 (Day), 1899 (Year)

7-AGE. 16 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New York City

PARENTS.

10-NAME OF FATHER. Daniel J. Brown

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER Minnie Klemsaw

13-BIRTHPLACE OF MOTHER (State or Country). New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie Graham

(Address) 619 E Clement St

15- Filed MAR 30 1916, 191.. HARRY O ARLINGS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15 1916, to March 30 1916, that I saw him alive on March 30 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cretinism

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(Duration) yrs. mos. 3 ds.

(Signed) J. A. O'Donnell M. D.

March 31 1916. (Address) 1078 Mad St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	March 31, 191..
20-UNDERTAKER	ADDRESS
M. J. Flynn	1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C93699

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Brice ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Lehane

(Residence in Baltimore: No. 531 N. Brice St.; 13 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, April (Month) 6 (Day), 1839 (Year)

7-AGE, 76 yrs. 11 mos. 23 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Maurice Dugan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Connor

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Debbie Hayes

(Address) 531 N. Brice St.

15-

Filed MAR 30 1916, 191. HEALTH O [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 26 1916, to Mch 29 1916, that I saw her alive on Mch 28 1916, and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs...mos. 3 ds.

CONTRIBUTORY (Secondary) Cortico-albumin

(Duration) don't know yrs...mos...ds.

(Signed) M Brennan Hand M. D.

Mch 30, 1916. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, March 31, 1916

20-UNDERTAKER H. C. Brennan Esq | ADDRESS 17 N. Howard St

C93700

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 C93700

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 159 W Hamburg - ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Roberta Chase

(Residence in Baltimore: No. 159 W Hamburg - St.: yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nun
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Howard Chase

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Annie Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Chase

(Address) 159 W Hamburg

15- Filed MAR 31 1916 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis acute

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 2 ds.

(Signed) John [illegible] M. D. (Coroner.)

3/30/, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn et — DATE OF BURIAL, March 31, 1916

20-UNDERTAKER J. H. Brown & Son — ADDRESS 108 N. Montgomery St

C93701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66

C93701

REGISTERED No. C

1 PLACE OF DEATH 414 Wilson St

CITY OF BALTIMORE (No. Baltimore ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Meyers.

(Residence in Baltimore: No. 414 Wilson St ST.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tinner.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS:

10 NAME OF FATHER: Johann Meyers

11 BIRTHPLACE OF FATHER (State or country): Russia.

12 MAIDEN NAME OF MOTHER: Mr. Knoden

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A. Rose

(Address) 2043 N Fulton Ave

15 MAR 31 1916

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 30th, 1916
March (Month) 30 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1916, to March 30 1916, that I saw him alive on March 29, 1916, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia.

Had an attack 15 years ago. Repetition on March 29

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Charles F. Bevan M. D.

3/30/16, 191 (Address) 807 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 414 Wilson St

19 PLACE OF BURIAL OR REMOVAL: Hebrew Henrietta Pk

DATE OF BURIAL: March 31, 1916

20 UNDERTAKER: L. Levinson & Bro

ADDRESS 1107 E Balto St

Place CAUSE OF DEATH in plain English. Omission of any item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C93702

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Walbrook Ave ST.; 15 WARD)

REGISTERED NO. C

2-FULL NAME Lavania R. Beard

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2026 Walbrook Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, June (Month) 20 (Day), 1851 (Year)

7-AGE, 64 yrs. 9 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md. Balto.

PARENTS.

10-NAME OF FATHER: Joseph Evans

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Phillips

(Address) 2026 Walbrook Ave

15 MAR 31 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 29 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Mar 29th 1916, that I saw h[illegible] alive on Mar 27th 1916, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Chronic Dyspepsia (Duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Asthenia (Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

Mar 30, 1916 (Address) 1225 Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Mar 31 1916

20-UNDERTAKER Wm. J. Pickerton Son — ADDRESS North Ave

Mrs. S. Charles St

C93703

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93703

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1220 Patapsco ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Daniel

(Residence in Baltimore: No. 1220 Patapsco St.: Life Time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 2 (Day), 1854 (Year)

7-AGE: 61 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Varnisher in 329
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Factory

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: August Daniel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Kemper

(Address) 1220 Patapsco St

15. MAR 31 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 29 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1916, to March 29, 1916, that I saw h~~im~~ alive on March 27, 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

History One year Previous Knowledge (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Henry B Kolb M. D.

March 29 1916 (Address) 1203 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross A A Co

DATE OF BURIAL: April 1st 1916

20-UNDERTAKER: E & J Harle

ADDRESS: 115 E Mead St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Omission of any item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93704

X120 C93704

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST.; 4 WARD)

REGISTERED No. C.....

2-FULL NAME Eugene Enright

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. D.S. Carolinian St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, [illegible] (Month) ....., 1874. (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer on
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamship Co

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Eugene Enright

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane O'Leary

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Discharged

(Address)..... Cork Ireland

15- MAR 31 1916 ROBERT . KRAUTER

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1916, to Mar 29 1916, that I saw h[illegible] alive on Mar 29 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Interstitial Nephritis

..... ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) ..... E. H. Gorsuch ..... M. D.

Mar 29, 1916 (Address) ..... Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Cork Ireland

19-PLACE OF BURIAL OR REMOVAL, Savannah Georgia

DATE OF BURIAL, Mar 31, 1916

20-UNDERTAKER Joseph Cook

ADDRESS 1013 W Baltimore

C93705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 5 C93705

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Md Hosp ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Dorsie

(Residence in Baltimore: No. 1117 Scott 60 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, (Month) (Day), 1850 (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Sweeper
(b) General nature of industry, business, or establishment in which employed (or employer): City Employee 57

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Micheal Dennie

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Digney

(Address) 1117 Scott St

15- MAR 31 1916 Filed ROBERT • KRAUTER, 191 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing injuries of Thorax (Internal) Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Peters M. D.

March 30, 1916 (Address) 24 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Warner & Stiles Sts

Former or usual residence 1117 Scott St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 1, 1916
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

C93706

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C93706

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Gough ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. Thomas

(Residence in Baltimore: No. 1521 Gough St.; 40 yrs. 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 21st (Day), 1875 (Year)

7-AGE: 40 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Nickel Plater
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Co

PARENTS

10-NAME OF FATHER: Wm H Thomas

11-BIRTHPLACE OF FATHER (State or country): Balto Co

12-MAIDEN NAME OF MOTHER: Elizabeth J. Allwell

13-BIRTHPLACE OF MOTHER (State or country): A. G. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Thomas

(Address) 1521 Gough St.

Filed MAR 31 1916, 191

ROBERT KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1916, to Mar 28 1916, that I saw h[illegible] alive on March 27 1916, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Gen Debility

(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) F H Cronhardt M. D.

Mar 29, 1916 [Address] 3 Medford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: Mar 31, 1916

20-UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

TION is very important. See instructions on back

C93707

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93707

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 255 E. Hamburg ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Stummer

(Residence in Baltimore: No. 255 E. Hamburg St.: yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 4 (Month) 24 (Day), 1884 (Year)

7-AGE: 31 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Wash. D. C.

PARENTS

10-NAME OF FATHER: Geo. Brown

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Eliz. Cowenhaugh

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cath. Brown

(Address) 43 Linden Ave.

MAR 31 1916 Filed ....., 191.....

ROBERT . KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 3 (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/17, 1916, to 3/29, 1916
that I saw h.. alive on 3/29, 1916,
and that death occurred, on the date stated above, at 1015 a m.
The CAUSE OF DEATH* was as follows:

(Pneumonia) Lobar
Bilateral
(Duration) ..... yrs. 3 days mos. ds.
Contributory (SECONDARY) Lapsippe
(Duration) ..... yrs. 2 weeks mos. ds.

(Signed) A. Dunnington Jnr M. D.
3/29, 1916. (Address) 1826 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 1, 1916

20-UNDERTAKER: [illegible] — ADDRESS: [illegible]

The CAUSE OF DEATH must be stated in accordance with the International Classification of Diseases, and it is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093708

CERTIFICATE OF DEATH.

89 093708

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Carter ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Benson

(Residence in Baltimore: No. 1506 Carter St.; 1 yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem | 4-COLOR OR RACE, C | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 8 (Month) 20 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 10 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Solomon Benson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Benson

(Address) 1506 Carter St.

15-MAR 31 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed..... 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 30 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 26 1916, to Mch 29 1916, that I saw her alive on Mch 29 1916, and that death occurred, on the date stated above, at 5h m.

The CAUSE OF DEATH was as follows:

Acute Bronchitis

(Duration)..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) P. Garland Schmidt M. D.

Mch 30, 1916 (Address) 1534 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Md | DATE OF BURIAL, 3/3, 1916

20-UNDERTAKER Samuel Stanley | ADDRESS 578 N. Bond

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93709 64 C93709

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Dover ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Trusty.

(Residence in Baltimore: No. 741 Dover St. St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown unknown, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Cambridge, Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Allen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos H Trusty

(Address) 741 Dover St.

15- MAR 31 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to Mar 28 1916, that I saw h[illegible] alive on Mar 27, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5? yrs. ....mos. ....ds.

(Signed) Jas. M. Deeuld M. D.

Mar 29, 1916. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Lawn

DATE OF BURIAL, 33, 191..

20-UNDERTAKER Samuel T Kennedy

ADDRESS 578 N Bdle

C93710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C93710

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Wm H Johnson

(Residence in Baltimore: No. 543 W. Preston St. 30 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Colored

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, about 40 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), West Rivr, Md.

PARENTS.

10-NAME OF FATHER, Wm H Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary ——

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lizzie Johnson

(Address) 543 W. Preston St.

15- Filed MAR 31 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Angina Pectoris
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Arteria - sclerosis
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Thos. H. Leander (Coroner.) M. D.
March 29, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, 4/1, 1916

20-UNDERTAKER Samuel Hemsley | ADDRESS 575 N Bond

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93711

CERTIFICATE OF DEATH.

81 C93711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Saratoga ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Mitchell

(Residence in Baltimore: No. 567 N Saratoga St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 21, 1839.
(Month) (Day) (Year)

7-AGE, 77 yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Divorce
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Dennison

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Olivia Kirk

(Address) 507 N Saratoga St

15- FILED MAR 31 1916 ROBERT C. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1916, to March 29 1916, that I saw h- alive on March 28 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. mos. 4 ds.

(Signed) E. D. Carbaugh M. D.

March 29, 1916. (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, March 31, 1916

20-UNDERTAKER Wm Knudsen

ADDRESS 2301 W Lanvale

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93712

CERTIFICATE OF DEATH.

28 C93712

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Covington St ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Pinkard

(Residence in Baltimore: No. 1437 Covington St St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH. March 17, 1898
(Month) (Day) (Year)

7-AGE. 18 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Kent Co. Md.

PARENTS.

10-NAME OF FATHER. Marshall D. Pinkard

11-BIRTHPLACE OF FATHER (State or Country). Kent Co. Md

12-MAIDEN NAME OF MOTHER Daisy D. Hadaway

13-BIRTHPLACE OF MOTHER (State or Country). Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marshall D. Pinkard

(Address) 1437 Covington St.

15- Filed MAR 31 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 29, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to Mar 29 1916, that I saw him alive on Mar 29 1916, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 8

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

about 6

(Duration) yrs. 6 mos. ds.

(Signed) Maurice Jones M. D.

Mar 30, 1916. (Address) 423 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Rock Hall Kent Co. DATE OF BURIAL, 4/1, 1916

20-UNDERTAKER J. Few McCully ADDRESS 39 E. Fort Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

Augusta Lahner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93713

CERTIFICATE OF DEATH.

92 C93713

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Fleet ST.; 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Lahner

(Residence in Baltimore: No. 1921 Fleet St.; 34 yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September (Month) 7 (Day), 1881 (Year)

7-AGE, 34 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Meixner

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Minnie Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry P. Lahner

(Address) 1921 Fleet St

15- MAR 31 1916 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1916, to March 29 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs.....mos...5...ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) .....yrs.....mos...2...ds.

(Signed) J. [redacted] M. D.

March 29, 1916 (Address) 66 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, April 1, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2337 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9:3714

CERTIFICATE OF DEATH.

151 C9:3714

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Schoeler

(Residence in Baltimore: No. 3108 E. Monument St.; 9 life yrs., moa. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 19, 1916 (Month) (Day) (Year)

7-AGE: — yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: George Schoeler

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Josephine Heit

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Schoeler

(Address) 3108 E. Monument St

15- MAR 31 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 29 1916, to Mch 30 1916, that I saw her alive on Mch 29 1916, and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia.

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ....yrs. ....mos. 11 ds.

(Signed) Alvin B Lemmon M. D.

Mch 30, 1916. (Address) 1827 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mathews Cemetery — DATE OF BURIAL: Mar. 31., 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

C93715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 C93715

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Sarah J. Browne

(Residence in Baltimore: No. 2202 Oak St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Jan 26 (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Archer Bandel

(Address) 4 E. Eager St.

15- Filed MAR 31 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 31 1916, that I saw h[illegible] alive on March 31 1916, and that death occurred, on the date stated above, at 4.20 a.m.

The CAUSE OF DEATH* was as follows:

1. Fracture R. femur
Accidental fall over Carpet
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia
(Duration) yrs. mos. 4 ds.

(Signed) R. F. Krafft M. D.

Mar 31., 1916. (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2202 Oak St. Balto.

Former or usual residence 2202 Oak St. Balto.

19-PLACE OF BURIAL OR REMOVAL, Rye Cem. Port Chester N.Y. DATE OF BURIAL, 4-1, 1916.

20-UNDERTAKER Henry W. Jenkins Sons Co ADDRESS Mt Pulaski & Orchard

C93716

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93716
REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2233 N. Calvert ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Branin

(Residence in Baltimore: No. 2233 N. Calvert St.; unknown yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH April (Month) 6 (Day), 1841 (Year)

7-AGE 74 yrs. 11 mos. 24 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Manager Glass Works
(b) General nature of industry, business, or establishment in which employed (or employer): Employed 313

9-BIRTHPLACE (State or country): New Jersey.

PARENTS

10-NAME OF FATHER: Joseph Branin

11-BIRTHPLACE OF FATHER (State or country): New Jersey

12-MAIDEN NAME OF MOTHER: Margaret Heard

13-BIRTHPLACE OF MOTHER (State or country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elisha Branin

(Address) Millville N J

15. MAR 31 1916 Filed ..... 191 ROBERT J. KRAUTER Burial Permit (Issued) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 30th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20th 1916, to March 30th 1916, that I saw h-im alive on March 30th 1916, and that death occurred, on the date stated above, at 1.10 p.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) P E Lilly M. D.

March 31st 1916. (Address) 502 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mediwalk N J	April 1 1916

20-UNDERTAKER Wm J. Tickner & Sons ADDRESS 7th ave

File this certificate. See instructions on back of certificate. is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93717

CERTIFICATE OF DEATH.

108 C93717

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emory Von Briesen (Briesen)

(Residence in Baltimore: No. Kate Ave, near Reisterstown St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept 13 (Month) (Day), 1892 (Year)

7-AGE,	If LESS than 1 day,
23 yrs. 6 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trav. salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Sandy Belting Co

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Robt Von Briesen

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Robertd Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Von Briesen

(Address) Kate Ave

15- Filed MAR 31 1916, 191.... ROBERT . KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/13 1916, to 3/29 1916, that I saw h... alive on 3/29 1916, and that death occurred, on the date stated above, at 10-28 a. m.

The CAUSE OF DEATH* was as follows:

Purulent Appendicitis

..... (Duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (Secondary) Mesenteric Abscess

..... (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) Wm K. Johnson M. D.

3/29, 191.6 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	June 21, 1916
20-UNDERTAKER	ADDRESS
W J Sherwood Son	North Ave

C93718 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 C93718
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1036 Brantley Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth D. Wheat

(Residence in Baltimore: No. 1036 Brantley ave St.; 85 yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH October 26, 1830
(Month) (Day) (Year)

7-AGE 85 yrs. 5 mos. 3 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Robert K. Cranford

11-BIRTHPLACE OF FATHER (State or country) Hanford Co Md

12-MAIDEN NAME OF MOTHER Hannah White

13-BIRTHPLACE OF MOTHER (State or country) Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice O'Neal

(Address) 1036 Brantley Av

15. MAR 31 1916 ROBERT . KRAUTER, Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 29th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 19th, 1916, to March 29th 1916, that I saw her alive on March 29th, 1916, and that death occurred, on the date stated above, at 1915 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Tuberculosis of Spine

(Duration) 15 yrs. ..... mos. ..... ds.

(Signed) William Shepard M. D.

March 31st 1916 (Address) 1700 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: April 1st, 1916.

20-UNDERTAKER: Geo W Little | ADDRESS: 531 N Fremont Ave

IMPORTANT. Before filling out this certificate, read carefully the instructions on back of certificate. Every question must be answered, or a reason given for the omission of each item. This certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~93719~~ 43 C93719

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 St. Paul St. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza L. Jenkins.

(Residence in Baltimore: No. 721 St. Paul St. St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... February (Month) 10 (Day), 1838 (Year)

7-AGE, 78 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas C. Jenkins.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Louisa Carrell

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Ernest Jenkins.

(Address) Lake Av. Balto. Co. Md.

15- Filed MAR 31 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1916, to March 27th 1916, that I saw her alive on March 27th 1916, and that death occurred, on the date stated above, at 11 50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia — Bronchi — Pneumonia

Duration — yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

Duration 5 yrs. mos. ds.

(Signed) J. A. Chatard M. D.

March 30th, 1916. (Address) 40 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1 W. Biddle St.

19-PLACE OF BURIAL OR REMOVAL, Corpus Christi R.C. Church

DATE OF BURIAL, April 1, 1916.

20-UNDERTAKER Stewart & Mowen Com'y.

ADDRESS 108 W. North Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93720

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

80 C93720

CITY OF BALTIMORE: (No. 9-E-Mt. Royal Ave. St.: 11 WARD)

REGISTERED NO. C

2-FULL NAME Jane R. Clark.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 9-E-Mt. Royal Ave. About 80 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, About October ?, 1860
(Month) (Day) (Year)

7-AGE, About 56 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Matthew B. Clark

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha F. Bigham

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. L. Clark (Brother)

(Address) Near Towson Maryland

15- Filed MAR 31 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to Mar 30 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arterial Change

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. C. Hebbard M. D.

March 30, 1916 (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, April 1., 1916.

20-UNDERTAKER Stewart & Mowen Com'y. ADDRESS 108 W Worth Av

C93721

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93721
REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 S. Parish ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy Bolden

(Residence in Baltimore: No. 439 S. Parish St.; 8 yrs. 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 3 (Day), 1915 (Year)

7-AGE: ——— yrs. 8 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: James Betts

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Bertha Bolden

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie M. Hardnagle

(Address) 439 S. Parish

15-
Filed MAR 31 1916 191
ROBERT . KRAUTER,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Mch. 30 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 29, 1916, to, Mch 30 1916, that I saw h[illegible] alive on Mch 29 1916, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH was as follows:

Pneumonia

(Duration) Probably 15 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. K. Nuckols M. D.

Mch. 30 1916 [Address] 323 S. Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Apr 1 1916

20-UNDERTAKER: Harry H. Witzke | ADDRESS: 1531 W Lombard St

Spec.—8-24-14—M. & T.—2000 Bks.

C93722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C93722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Arlington ST.; 18 WARD)

REGISTERED NO. C

2-FULL NAME Cora A Dodson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 133 N. Arlington Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 18 (Day), 1859 (Year)

7-AGE, 56 yrs. 9 mos. 11 ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Chas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Parrish

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irvin Jones

(Address) 133 Arlington Ave

15- MAR 31 1916 191 ROBERT Carl Parran KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to March 19 1916, that I saw her alive on March 19 1916, and that death occurred, on the date stated above, at 8:50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. H. Markland M. D.

3/24, 191 (Address) 117 Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 1st 191 6

20-UNDERTAKER Edward Freeland ADDRESS 2[illegible] 114 S Charles

Spec.—8-24-14—M. & T.—2000 Blks.

Carrie Coleman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93723

CERTIFICATE OF DEATH.

64 C93723

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Parrish ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Coleman

(Residence in Baltimore: No. 402 Parrish St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. P. Coleman

(Address) 402 Parrish St.

15- MAR 31 1916 ROBERT J. BRAUTER, Registrar.

Filed ....., 19.. ..... Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to March 31 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 23a m.

The CAUSE OF DEATH* was as follows:

[illegible]

Gallery Bronchitis

Days

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis Diseased

(Duration) yrs. mos. 7 ds.

(Signed) D. Gill Kerr M. D.

March 31, 1916 (Address) 708 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Apr. 3, 1916

20-UNDERTAKER Felix B. Pye

ADDRESS 107 E. Mulberry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93724

CERTIFICATE OF DEATH.

119 C93724

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Myrtle Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Brown

(Residence in Baltimore: No. 1414 Myrtle Ave St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) 504

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Aletha World

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Brown

(Address) 1414 Myrtle ave

15. Filed MAR 31 1916 [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23rd 1916, to March 29 1916, that I saw him alive on March 28th - 1916, and that death occurred, on the date stated above, at 5 1/2 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. mos. 14 ds.

(Signed) C. W. Barker M. D.

March 29 1916 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 1 1916

20-UNDERTAKER Felix B. Pyle

ADDRESS 107 E. Mulberry

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93725

CERTIFICATE OF DEATH.

10V C93725

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vallie Ayers

(Residence in Baltimore: No. 1306 Valley St. St.; 29 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. 28, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Md. P.R.R.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Fireman 5th

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Richard Ayers.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elmira Ayers.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmira Ayers.

(Address) 1306 Valley St.

15- MAR 31 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to March 30 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Pyaemia Gastric Ulcer

?

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. M. V. Tuft M. D.

Mar. 30, 1916. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 29 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1306 Valley St.

Former or usual residance 1306 Valley St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, April 3, 1916.

20-UNDERTAKER H. C. Mudefield

ADDRESS 914 Fremont Av.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93726 151

CERTIFICATE OF DEATH.

C93726

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 3002 Elliott ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of Joseph & Lena Sigai

(Residence in Baltimore: No. 300 Elliott St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, March 31st, 1916
(Month) (Day) (Year)

7-AGE, 6 mos in Utero ....yrs....mos....ds.

If LESS than 1 day, 2 ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Sigai

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lena Scafforsky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sigai

(Address) 3002 Elliott St.

15- MAR 31 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.s. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Dudley Jones M. D.
(Coroner.)

Mch. 31st 1916 (Address) 711 O'Donnell st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus	Mar 31st 1916.
20-UNDERTAKER M F. Sadowski	ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

Dr. Rida 867 Harlem Ave

C93727

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93727

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 723 W Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie L Cokley

(Residence in Baltimore: No. 723 W Lexington St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 3, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Dr Chas H Cockey

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Amelia Haubel.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas E Cockey

(Address) Eng Consul Estate

15- Filed MAR 31 1916, 191..., Harry O Andrews, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 30 1916, that I saw her alive on March 30 1916, and that death occurred, on the date stated above, at abt. 6 P.m.

The CAUSE OF DEATH* was as follows:

(a) General Debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Drug Addiction Chronic Morphinism

(Duration) yrs. mos. ds.

(Signed) Wm B Rigbie M. D.

March 30, 1916 (Address) 867 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	April 1, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Monument

over

Spec.—5-19-13—M. & T.—500 Blks.

C93728

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 C93728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N. Fremont ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Anna Harris

(Residence in Baltimore: No. 1118 N. Fremont St.: 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 10, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Melvin Bryant

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Elmore

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fannie Mullen

(Address) 818 W. Mulberry St.

15-

MAR 31 1916, 191.... Harry O Andrews
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 24 1916, to Mar 30 1916, that I saw her alive on Mar 29 1916, and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lane Brown M. D.

Mar. 30, 1916 (Address) 1837 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park.

DATE OF BURIAL. April 2, 1916

20-UNDERTAKER Wm Cook.

ADDRESS 502 North

Spec.—8-24-14—M. & T.—2000 Bks.

C93729

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93729

CERTIFICATE OF DEATH.

10.5

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3617 Sycamore St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Price

(Residence in Baltimore: No. 3617 Sycamore St. St.; 38 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: June (Month) 6 (Day), 1838 (Year)

7-AGE: 77 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Elevator operator
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mill

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Geo. W. Price

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Ellen Freeland

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ellen Price

(Address) 3617 Sycamore St.

15- MAR 31 1916 Filed....., 191... HARRY O. ANDREWS, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 29 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 29 1916, that I saw h[im] alive on March 29th 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hemorrhage

Malnutrition

Exhaustion

Probably due to Duodenal Ulcer

(Duration) ....yrs. ....mos. ....dy.

CONTRIBUTORY (Secondary) Senile dementia

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Verna Keen, M. D.

3/30, 1916. (Address) 376 Falls Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Jessup (Balto. Co) DATE OF BURIAL: April 1, 1916

20-UNDERTAKER: Horace Burgee & Son ADDRESS: 363 Falls Rd

Spec.—5-19-13—M. & T.—500 Bks.

C93730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C93730

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 534 N Carey ST.; 19 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary J. Gale

(Residence in Baltimore: No. 534 N Carey St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 21, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 5 mos. 8 ds.

If LESS than 1 day. ....hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Benj Enos

11-BIRTHPLACE OF FATHER (State or Country), Del

12-MAIDEN NAME OF MOTHER Lydia Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mattie R. Gale
(Address) 534 N Carey

15-
Filed MAR 31 1916, 191.... HARRY O ARCHER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 191 5, to March 29 1916, that I saw her alive on March 28 1916, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilation

(Duration) yrs. mos. ds.

(Signed) Edna B. Heusman M. D.

3/31, 1916 (Address) 1122 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, March 31st 1916

20-UNDERTAKER, Wm J Tickner & Son ADDRESS North & Pac

C93731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C93731

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 Ensor ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Vickers

(Residence in Baltimore: No. 930 Ensor

St.; yrs., 15 mos. ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, March 31st, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Wm Vickers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Philamena Fitz

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Vickers

(Address) 930 Ensor St.

15- MAR 31 1916 HARRY O. ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Lamb Evans M. D.
(Coroner.)

March 31st, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	April 1, 1916
20-UNDERTAKER	ADDRESS
Henry Houck & Son	1301 E Eager St

Important. See instructions on Back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93732

C93732

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 S. Eppleton St Convent of Mercy ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister M. de Lales Prendergast

(Residence in Baltimore: No. Convent of Mercy St.; Several yrs., mos.' ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: July 16, 1862 (Month) (Day) (Year)

7-AGE: 53 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): West Virginia

PARENTS.

10-NAME OF FATHER: Philip Prendergast

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary

13-BIRTHPLACE OF MOTHER (State or Country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Sr M. Ligouri

(Address): Mt Washington Md.

15- MAR 31 1916 Filed....., 191... HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 30 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

1 Acute Endocarditis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Decubitus of Back

(Duration) yrs. 1 mos. ds.

(Signed) E. Mc Sulivan, M. D.

3/31, 1916. (Address) 728 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: MT ST AGNES CONVENT CEMETERY MT WASHINGTON BALTO CO MD.

DATE OF BURIAL: APRIL 1st, 1916.

20-UNDERTAKER: HENRY W. JENKINS & SONS CO

ADDRESS: MC CULLOH + ORCHARD STS

C93733

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93733

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1929 Booth ST.: 20 WARD)

2-FULL NAME ~~Martha~~ Martha Ann Williams

(Residence in Baltimore: No. 1929 Booth St.: 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: August (Month) 8 (Day), 1891 (Year)

7-AGE: 24 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: house-work
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: John Williams

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Mary Waters

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Williams

(Address) 1929 Booth St

15- Filed MAR 31 1916, 191 ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1916, to March 31 1916, that I saw h[illegible] alive on March 28, 1916, and that death occurred, on the date stated above, at 9:00 a.m.
The CAUSE OF DEATH* was as follows:

Diptheria

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chester Pyland, M. D.

3-31-, 1916 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 1st 1916

20-UNDERTAKER: A Jones 7 a.m. — ADDRESS: 207 S. Fremont Ave Tucker

This certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93734 HEALTH DEPARTMENT—CITY OF BALTIMORE C93734

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hospital St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Elizabeth Duffy

(Residence in Baltimore: No. 1915 Guilford Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 3, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 0 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Nova Scotia

PARENTS.

10-NAME OF FATHER, Philip McNulty

11-BIRTHPLACE OF FATHER (State or Country), Nova Scotia

12-MAIDEN NAME OF MOTHER Elizabeth Furlong

13-BIRTHPLACE OF MOTHER (State or Country), Nova Scotia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. Duffy

(Address) 1915 Guilford Ave

15. MAR 31 1916 MARY O ARCHEWS, Burial Permit Clerk
Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1916, to Mch 30th 1916, that I saw her alive on Mch 30 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) unknown yrs. mos. ds.

(Signed) Means L Rawson M. D.

Mch 30, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 74 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1915 Guilford Ave Balto

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery — DATE OF BURIAL, Apr. 1, 1916

20-UNDERTAKER Henry W. Means & Son — ADDRESS 1051 N. Calvert St.

C93735

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 C93735

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hosp. 18 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Roesser

(Residence in Baltimore: No. 315 N. Carrollton Ave St. 49 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 20th (Day), 1856 (Year)

7-AGE, 59 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 717

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Roesser

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Vulsnown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Roesser

(Address) 816 Hollins St.

15- Filed MAR 31 1916, 191.... MARY O ANDRE Burial Permit Clerk. Registrar.

16-UNDERTAKER Geo Mss John H Penfil ADDRESS 801 N. Fayette St.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jumped out of second story window / Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Sam'l Lemmey M. D. (Coroner)

March 31st 1916. (Address) 1302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 49 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 315 N. Carrollton Ave

Former or usual residence 315 N. Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, April 2nd, 1916

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93736 C93736

CERTIFICATE OF DEATH.

REGISTERED No. C 146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zora Browne

(Residence in Baltimore: No. 2830 Huntingdon Ave St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan. (Month) 10 (Day), 1888 (Year)

7-AGE, 33 yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Mallot

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Wallick

(Address) 2122 Huntingdon Ave.

15- APR 1 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/28 1916, to 3/30 1916, that I saw h[illegible] alive on 3/30 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Dementia & Hemorrhage (threatened abortion)

Dementia from old scattered Syphilitic Infection (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) yrs. mos. 2 1 ds.

(Signed) Edward Krauss M. D.

3/30, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 33 yrs. mos. ds.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence 2830 Huntingdon Ave

19-PLACE OF BURIAL OR REMOVAL, Parkton Md. DATE OF BURIAL, April 1, 1916.

20-UNDERTAKER E. L. Stiffler ADDRESS 844 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93737

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93737

CERTIFICATE OF DEATH.

× 18

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Smith

(Residence in Baltimore: No. John Hopkins Hosp St.; ..... yrs., ... mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED?~~ (Write the word.) Married

6-DATE OF BIRTH. Jan 22, 1861
(Month) (Day) (Year)

7-AGE. 55 yrs. 2 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale Merchandise
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Joseph Smith

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Eva Riddick

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15- Filed APR 1 1916, 191.... ROBERT J. KRAUTH Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6 1916, to March 31 1916, that I saw h.. alive on March 31 1916, and that death occurred, on the date stated above, at 8.46 P. m.

The CAUSE OF DEATH* was as follows:

Ery. S. Indur. complicated by .....
Bronchopneumonia .....
.....
..... (Duration) ..... yrs. ..... mos. 9 ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia .....
..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) Ernest Sale Bray M. D.

March 31, 191 6 (Address) J.H.H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 25 ds. In the State ..... yrs. ..... mos. 25 ds.

Where was disease contracted, if not at place of death? Timmonsville S.C.

Former or usual residence Usual Residence

19-PLACE OF BURIAL OR REMOVAL. Timmonsville S.C.

DATE OF BURIAL. Apr. 1, 1916

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Bond

C93738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C93738

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 903 N. Howard street, ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Collins,

(Residence in Baltimore: No. 903 N. Howard street, Sr.) 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, ... Unknown, (Month) ....., (Day) 1 (Year)

7-AGE, ... 42 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer) ..... ?

9-BIRTHPLACE. (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Leven Collins,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Caroline Collins,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Collins, brother,

(Address) Mt. Winans, Md.

15- Filed APR 1 - 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 29th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Probably

..... Organic heart disease,

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Frederick Kümpel M. D.
(Coroner.)

Mar. 31st 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Auburn	4/1, 1916
20-UNDERTAKER Samuel S Handley	ADDRESS 578 N Bridle

Important. See instructions on back of certificate.

C93739

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

C93739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 N. Vincent street, ST.: 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L. Payne,

(Residence in Baltimore: No. 1004 N. Vincent street, St. 13 yrs mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, March (Month) 28th (Day), 1853. (Year)

7-AGE, 63 yrs. 0 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Junk dealer,
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charity Payne, daughter,

(Address) 1700 N. Dallas street.

15- Filed APR 1 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy of inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General paralysis following
Cerebral hemiplegia,
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Bluett M. D.
(Coroner.)

Mar. 31st, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	4/1, 1916
20-UNDERTAKER Samuel L. Hemsley	ADDRESS 37 Bush Bidde

Spec.—9-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93740

CERTIFICATE OF DEATH.

87 C93740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 East ST.; 5 WARD)

REGISTERED NO. C.....

2-FULL NAME Robert A Elliott

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 506 East St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) married

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer): 668

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Alice Lee

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Elliott

(Address) 506 East St.

15- APR 1 - 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Mar 31 1916, that I saw h[illegible] alive on Mar 31 1916, and that death occurred, on the date stated above, at 6.38 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Ill 2 mos. 10 days

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Indefinite (Duration) yrs. mos. ds.

(Signed) Edward Kahn M. D.

Mar 31, 1916 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 3 1916.

20-UNDERTAKER Charles B. Jones — ADDRESS 1118 W. Baltimore

C93741

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93741

CERTIFICATE OF DEATH.

91 REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 408 Oyston ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. W. Wright

(Residence in Baltimore: No. 408 Oyston

Life
St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Male	Col	Single

6-DATE OF BIRTH, Sept 20, 1915
(Month) (Day) (Year)

7-AGE, 0 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John W. Wright

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Edith Wright

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Wright

(Address) 408 Oyston St

15- APR 1 - 1916 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Exanthem

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. E. Jetter M. D.
(Coroner.)

March 30, 1916. (Address) 24 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemet	April 1, 1916
20-UNDERTAKER Charles B. Jones	ADDRESS 1118 W. Saratoga St

Important. See instructions on back of Certificate.

C93742

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93742

CERTIFICATE OF DEATH

62

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1122 Linden Av. ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Baughman

(Residence in Baltimore: No. 1122 Linden Av. St.: ..... yrs. unknown mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	widower

6-DATE OF BIRTH January (Month) 29 (Day), 1843 (Year)

7-AGE 73 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter 326
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Charlotte Nest

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everett Y. Jorden

(Address) 1122 Linden ave.

15. Filed APR 1 - 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March (Month) 31st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10th, 1915, to, March 31st 1916, that I saw him alive on March 30th, 1916, and that death occurred, on the date stated above, at 3.45 a.m. The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Charles Getz, M. D.

March 31st, 1916. (Address) 144 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	April 3, 1916
20 UNDERTAKER	ADDRESS
McLean & Jones	833 Linden ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93743

CERTIFICATE OF DEATH.

28 C93743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 E. Baltimore St.; 2 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G. F. Siems

(Residence in Baltimore: No. 2033 E. Baltimore St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 22 (Day) 1855 (Year)

7-AGE, 60 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Accountant
(b) General nature of industry, business, or establishment in which employed (or employer): Expert. 966

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernhard Siems

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Schwarting

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Siems

(Address) 2033 E. Balto St.

15-

Filed APR 1 - 1916, 191... ROBERT . KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7 191 6, to Mar. 30 191 6, that I saw h[illegible] alive on Mar. 30 191 6, and that death occurred, on the date stated above, at 3.12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Above 1

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Weyer Jr. M. D.

4/1/, 191 6 (Address) 610 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem.	April 2, 1916
20-UNDERTAKER H. Lander Sons	ADDRESS 1710 Pleasant

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93744

CERTIFICATE OF DEATH.

104 C93744

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Durham ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Lovell

(Residence in Baltimore: No. 719 S. Durham St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 6th (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, William H. Lovell

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Annie Bahr

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Lovell

(Address) 719 S. Durham St.

15- APR 1 - 1916 ROBERT , KRAUTH, Registrar.
Filed....., 191... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to March 30 1916, that I saw him alive on March 30 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) ....yrs....mos. 4 ds.

(Signed) Henry B Hathaway M. D.

3/31, 1916 (Address) 200 N. Patterson Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel Cem.	April 2, 1916
20-UNDERTAKER H. Sauder & Sons	ADDRESS 1710 Pleasant St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C93745

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1716 Ellamont ST.; 15 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Hambleton

(Residence in Baltimore: No. 1716 Ellamont St. 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Feby 22, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Portsmouth Va

PARENTS.

10-NAME OF FATHER, Wm M. Curlin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Harry Powell

(Address) 247 N Monroe St

15- APR 1 - 1916 Filed....., 191.... ROBERT , BRUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30", 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11" 1914, to March 30 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 2 yrs. 5 mos. 29 ds.

CONTRIBUTORY (Secondary) Carcinoma Antrum

..... (Duration) yrs. 6 mos. 29 ds.

(Signed) Herbert E. Lepk M. D.

March 31 1916. (Address) 3051 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, APR 2 - 1916, 191...

20-UNDERTAKER Geo. A. Gerber

ADDRESS Batts & Payson St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD) 40

REGISTERED NO. C 93746

2-FULL NAME William P. De Grafft

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1919 E. Preston St St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH, December 2 (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. 3 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): U.R.R. Co

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, Louis De Grafft

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Miriam Phelps

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed APR 1 - 1916, 191.... ROBERT , KRUTTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to March 29 1916, that I saw h.m alive on March 24 1916, and that death occurred, on the date stated above, at 9 52 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

Ulceration (Duration) yrs. mos. 13 ds.

(Signed) George R. Dunn M. D.

March 30, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 23 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1919 E Preston St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, April 1, 1916

20-UNDERTAKER H. Sanders & Sons

ADDRESS 710 E. Fayette St

Spec.—5-19-13—M. & T.—500 Bks. Elmer L. Mumaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

093747

CERTIFICATE OF DEATH.

151 093747

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 W 39 ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Lee Mumaw

(Residence in Baltimore: No. 2004 W 39 St.: ...yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, 3 (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER. Paul Mumaw

11-BIRTHPLACE OF FATHER (State or Country), Balt City

12-MAIDEN NAME OF MOTHER Elsie Grimes

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Mumaw

(Address) 2004 W 39

15- Filed APR 1 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 3 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-27 1916, to 3-30 1916, that I saw h... alive on 3-30 1916, and that death occurred, on the date stated above, at 3 9. m.

The CAUSE OF DEATH* was as follows:

Prematur gestation 7½ months

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Marked Falling

(Duration) ...yrs. ...mos. ...ds.

(Signed) C T Coughlin M. D.

3/31, 1916 (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Marys Hampden	Apr 1, 1916
20-UNDERTAKER	ADDRESS
Chas Routh & Son	3617 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Mildred Maddox.

C93748

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93748

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W York ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Maddox

(Residence in Baltimore: No. Mildred 107 W. York St.; 6 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 16 (Day), 1915. (Year)

7-AGE, ...yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles Maddox

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co Md

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Christ'd Inst

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Maddox

(Address) 107 W York St.

15- APR 1 - 1916 Filed....., 191.....

ROBERT T. BRADLEY, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1916, to Mar 31 1916, that I saw her alive on Mar 31 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tumor Brain Compression

Probably Fracture Base of Skull

Coma 1 week Chloroform

Not Fatal for Weeks

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) S. H. Keeney M. D.

Mar 31, 1916. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	April 1, 1916.
20-UNDERTAKER	ADDRESS
M. Doyle & Son	15 E Lee St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Walbrook Ave ST.; 15 WARD)

REGISTERED NO. C 104 C93749

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Ethel Godwin

Residence in Baltimore: No. 2123 Walbrook Ave St.; ....yrs., ...mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, March 6, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Geo. M. Godwin Jr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Annie Seitz

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. M. Godwin

(Address) 2123 Walbrook Av

15- Filed APR 1 - 1916, 191.... ROBERT , KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6th 1916, to April 1st 1916, that I saw her alive on March 31st 1916, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. G. Glover M. D.

April 1st, 1916 (Address) 1224 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Baltimore Cemetery	April 2, 1916
20-UNDERTAKER Harry A. Ellen	ADDRESS 1944 W. North Av

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93750

CERTIFICATE OF DEATH.

91 C93750

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Inft Asy. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Stahl

(Residence in Baltimore: No. St Vincents Infant Asylum St.; ...yrs.,...1.. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ...Jan.... (Month) 31st (Day), 1916.. (Year)

7-AGE, ...yrs....2..mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....St Vincents....

(Address)....1401 Division St.

15-

Filed APR 1 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March.... (Month) 31st (Day), 1916.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 31 1916, that I saw him alive on March 31 1916, and that death occurred, on the date stated above, at 11.00 a m.

The CAUSE OF DEATH* was as follows:

....Broncho-pneumonia....

.....

.....(Duration)....yrs....mos....5...ds.

CONTRIBUTORY (Secondary) ...Malnutrition...

.....(Duration)....yrs....1..mos....ds.

(Signed) Tobias O'Hanlon M. D.

March 31, 191... (Address) S. E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 10 ds. In the State yrs. 1 mos. 10 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	April 1.. 191..
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Av

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93751

CERTIFICATE OF DEATH.

151 C93751

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Loyd

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January (Month) 23 (Day), 1916 (Year)

7-AGE, yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland Balto

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St

15- Filed APR 1 - 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 30 1916, that I saw her alive on March 30 1916, and that death occurred, on the date stated above, at 8.00 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Mal assimilation

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O'Dwyer M. D.

March 31., 1916. (Address) N. E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 8 ds. In the State yrs. 2 mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 1., 1916
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Av

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93752 — 104 — C93752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Roberts

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs. 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1915 (Year)

7-AGE, yrs. 8 mos. 3 ds. If LESS than 1 day, hrs. or mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland Balto

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1701 Division St.

15. Filed APR 1 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1 1916, to March 28 1916, that I saw her alive on March 28 1916, and that death occurred, on the date stated above, at 3.00 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. 1 mos. ds.

(Signed) Charles O'Donovan M. D.

March 30, 1916. (Address) 1 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 3 ds. In the State yrs. 8 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	April 1st 1916
20-UNDERTAKER	ADDRESS
Martin Fahey & Son	604 & Lafayette ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93753

CERTIFICATE OF DEATH

64

C93753

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 Wilcome Alley ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ward

(Residence in Baltimore: No. 109 Wilcome Alley St.; 46 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colord	Single

6-DATE OF BIRTH ....., 1 .....
(Month) (Day) (Year)

7-AGE 50 yrs. — mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Tobacco. 243
(b) General nature of industry, business, or establishment in which employed (or employer) General.

9-BIRTHPLACE (State or country) Kent co Md

PARENTS

10-NAME OF FATHER John Ward

11-BIRTHPLACE OF FATHER (State or country) Kent Co Md

12-MAIDEN NAME OF MOTHER Mary Tilghman

13-BIRTHPLACE OF MOTHER (State or country) Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) allace ward

(Address) 104 Wilcome Aly

15-APR 1 - 1916 ROBERT . KRAUTER,
Filed ..... 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 30th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1916, to March 30th 1916, that I saw h[illegible] alive on March 30, 1916, and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. 10 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

(Signed) Frank W Lyerman M. D.

March 31, 1916 (Address) 322 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mont Auburn	April 1, 1916
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid Hill Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93754

CERTIFICATE OF DEATH.

79 C93754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 E. Madison ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J Maginniss

(Residence in Baltimore: No. 1236 E Madison St St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 23rd (Month) (Day), 1842 (Year)

7-AGE, 73 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Brown

11-BIRTHPLACE OF FATHER (State or Country), Denmark

12-MAIDEN NAME OF MOTHER Margaret Miller

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Schilling

(Address) 1236 E Madison St

15- APR 1 - 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 21 1916, to March 30 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Stroke

..... (Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D Pell M. D.

March 30, 1916. (Address) 1236 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	April 2nd, 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

Spec. 8-24-14—M. & T.—2000 Bks.

C93755

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 671 E. Clement St., 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Walker

(Residence in Baltimore: No. 671 E. Clement St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing'l

6-DATE OF BIRTH, June 22, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, Geo E. Walker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Eaton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Walker

(Address) 671 E. Clement St

15- Filed APR 1 - 1916 ROBERT . KRAUTH, Registrar. Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 1916, to March 31 1916, that I saw him alive on March 31 1916, and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Smith M. D.

April 1, 1916 (Address) 528 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 2, 1916.

20-UNDERTAKER J. Bon Corb ADDRESS 632 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93756 C93756

CERTIFICATE OF DEATH.

REGISTERED NO. C 1492

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Handy

(Residence in Baltimore: No. 2011 Etting St St.; 3 yrs. 3 mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, December 24, 1912
(Month) (Day) (Year)

7-AGE, 3 yrs. 3 mos. 7 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jesse Handy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Sails

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-Filed APR 1 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to March 31 1916, that I saw her alive on March 31 1916, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Kenneth F. Maxcy M. D.

March 31, 1916. (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2011 Etting St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, APR 1 1916

20-UNDERTAKER James H. Deming — ADDRESS 303 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93757

CERTIFICATE OF DEATH.

28 C93757

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 n Dallas ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Gladys Davis

(Residence in Baltimore: No. 627 n Dallas St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Single

6-DATE OF BIRTH ..... June (Month) 3 (Day), 1910 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 9 mos. 27 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, James Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto city

12-MAIDEN NAME OF MOTHER Mattie Bantam

13-BIRTHPLACE OF MOTHER (State or Country), Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Bantam

(Address) 627 n Dallas St

15- Filed APR 1 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... March (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1916, to Mar 31 1916, that I saw h[er] alive on March 31 191.., and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinite (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Not known (Duration).....yrs.....mos.....ds.

(Signed) J. Edward Johnson M. D.

Mar 31, 191.6 (Address) 1612 E Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem.	April 3 1916
20-UNDERTAKER	ADDRESS
Wm J. G. Locks	1302 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Blks.

C93758

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93758

CERTIFICATE OF DEATH.

REGISTERED NO. C 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paulus H. Forrester

(Residence in Baltimore: No. 1414 Darley Ave St.; 4 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 10, 1911
(Month) (Day) (Year)

7-AGE, 4 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Forrester

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Katherine Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James Griffin

(Address) 1414 Darley Ave.

15- Filed APR 1 - 1916 191 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31 1916, to March 31 1916, that I saw him alive on March 31 1916, and that death occurred, on the date stated above, at 8-30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pericardii Adhesiva.

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Empyema Following Pneumonia

(Duration) yrs. 3 mos. 3 ds.

(Signed) J. M. L. Cole M. D.

March 31 1916. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1414 Darley Ave

Former or usual residence 1414 Darley Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Hon. Rd. DATE OF BURIAL, Apr. 3, 1916

20-UNDERTAKER John J. Keenan, Son. ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~93759~~ 91 093759

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Otterbein ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Mason

(Residence in Baltimore: No. 203 Otterbein St.; ....yrs., ...mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Single

6-DATE OF BIRTH, March 7, 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 24 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Mason

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md.

12-MAIDEN NAME OF MOTHER Carrie Semes

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph Mason

(Address) 203 Otterbein St

15- APR 1 - 1916 ROBERT . KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 191 6, to March 31 191 6, that I saw h.... alive on March 30 191 6, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

I Broncho Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Anaemia

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) ..... M. D.

March 31 6, 191... (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem.	April 2, 1916.
20-UNDERTAKER John J. Cowan & Son	ADDRESS 901 Hollins St

Spec.—5-19-13—M. & T.—500 Bks.

C93760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93760

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 648 W. Lemmon ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jasaitis

(Residence in Baltimore: No. 648 W Lemmon St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, not known, (Month) (Day) 1876 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Saint Mateen 357

9-BIRTHPLACE, (State or Country), Lithuania Russia

PARENTS.

10-NAME OF FATHER, Mark Jasaitis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jasaitis

(Address) 648 W. Lemmon St.

15- APR 1 - 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 21, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 20 191 6, to March 21 191 6, that I saw h.. alive on March 21 191 6, and that death occurred, on the date stated above, at 9:20 m. p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) yrs. mos. ds.

(Signed) M. C. Hillinger M. D.

4-1-, 1916.-(Address) 647 Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 3, 1916.
20-UNDERTAKER	ADDRESS
John Grabianeckas	500 S. Paca St

C93761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 C93761

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1219 Ostend ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Pilcher

(Residence in Baltimore: No. 1219 Ostend St.: yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ... Feb. (Month) 27th (Day), 1861 (Year)

7-AGE	If LESS than 1 day,
55 yrs. 1 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Blacksmith (Gun Shop)

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, James V. B. Pilcher

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Mary E. Warford

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Barber

(Address) 1219 Ostend St.

15- Filed APR 1 - 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March (Month) 29th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot wounds of head and Chest (Suicide)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) Jas. H. Lemmon M. D. (Coroner)

March 30th, 1916. (Address) 230 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of deuth.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	April 1st, 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93762

CERTIFICATE OF DEATH.

79 C93762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 David Hill ave ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lloyd Carter

(Residence in Baltimore: No. 717 David Hill ave St.; 25 yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Jan 9, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel
(b) General nature of industry, business, or establishment in which employed (or employer): Waiter

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Carter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Lena Boman

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Carter Mother

(Address) 717 David Hillave

15- Filed APR 1 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mch. 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 30 1916, to Mch 30 - 1916, that I saw him alive on Mch 30 - 1916, and that death occurred, on the date stated above, at 12 M. p. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Not known (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

..... (Duration) .....yrs.....mos. 1 ds.

(Signed) Samuel A. Davis M. D.

Mch 30, 1916 (Address) 137 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Apr 2, 191..

20-UNDERTAKER John H Soadin — ADDRESS 142 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093763

CERTIFICATE OF DEATH.

1640 093763

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1733 Druid Hill ave ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Payne

(Residence in Baltimore: No. 1733 Druid Hill ave St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, unknown (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jacob Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Estelle Harris

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Berry

(Address) 1733 Druid Hill ave

15-APR 1 - 1916 Filed, 191

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 — 1916, to March 30 1916, that I saw her alive on March 29 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver & Intestines

(Duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Thomas A Bain M. D.

April 1 1916 (Address) 937 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, April 2, 1916

20-UNDERTAKER John H Toadvine

ADDRESS 1422 W Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93764 — 80 — C93764

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Arlington Ave 18th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wesley Bell

(Residence in Baltimore: No. 12 S. Arlington Ave St.; 44 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, March 4, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. — mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Produce
(b) General nature of industry, business, or establishment in which employed (or employer)..... dealer

9-BIRTHPLACE, (State or Country), Govans, Balto. Co.

PARENTS.

10-NAME OF FATHER, Jessie Bell

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Jane Blatchley

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie L. Ernest

(Address) 12 S Arlington Ave.

15- APR 1 - 1916 HOSKRT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1916, to March 31 1916, that I saw him alive on March 30 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemiplegia

(Duration) yrs. mos. 1 ds.

(Signed) J. L. Baer M. D.

April 1, 1916 (Address) 302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Apl. 3, 1916
20-UNDERTAKER George J. Smith	ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093765 64 093765

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2105 Pennrose Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Mary A. Stumpf

(Residence in Baltimore: No. 2105 Pennrose St.; yrs. 1 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 10 (Day), 1864 (Year)

7-AGE, 51 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, George Otto

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Umholtz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Otto

(Address) 2105 Pennrose Ave

15- Filed APR 1 - 1916 ROBERT , KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to March 30 1916, that I saw her alive on March 30 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Arthritis

(Duration) ..... yrs. ..... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... M. D.

March 31, 1916. (Address) 1402 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 2, 1916
20-UNDERTAKER	ADDRESS
George J. Smith	1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93766

C93766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 509 Cathedral ST.; 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Irwin Carey

(Residence in Baltimore: No. 509 Cathedral St.; 22 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED, (~~Write~~ the word.)
Female	White	Single

6-DATE OF BIRTH, September (Month) 13 (Day), 1893 (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 7 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland Balto.

PARENTS.

10-NAME OF FATHER, Francis King Carey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Galbraith Hall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... [illegible] Carey

(Address)..... Baltimore Md

15- APR 1 - 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14 1916, to March 31, 1916, that I saw her alive on March 31, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration)..... yrs. ..... mos. 6 ds.

(Signed)..... M. D.

3/31/16 191... (Address) Ellicott City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	April 3., 1916.

20-UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS 2446 Guilford & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93767

CERTIFICATE OF DEATH.

144 C93767

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Chas E Zeltzer

(Residence in Baltimore: No. 664 W Lexington St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December ....., 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer): 802

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Louis Zeltzer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lyie Nettle

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Zeltzer

(Address) 1409 N Gay St

15. Filed APR 1 - 1916, 191... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to March 31 1916, that I saw him alive on March 31 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

5 Days

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Septicemia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Ernest Neuscamm M. D.

March 31, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 664 W. Lexington

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, April 3, 1916

20-UNDERTAKER, New York. ADDRESS 502 Northern

C93768

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C93768

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1219 Etting ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wells.

(Residence in Baltimore: No. 1219 Etting St.: 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH — — , 1850
(Month) (Day) (Year)

7-AGE 66 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer (Hay)
(b) General nature of industry, business, or establishment in which employed (or employer): Yard

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Edgeil Wells

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Jason

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie R. Wells

(Address) 1219 Etting St

15. Filed APR 1 - 1916, 191 ROBERT . KRAUTH, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH March 30, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1916, to March 30 1916, that I saw h-- alive on March 30, 1916, and that death occurred, on the date stated above, at 11 4 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) 1 yrs. 1 mos. 5 ds

Contributory (SECONDARY) Acute Indigestion,

(Duration) — yrs. — mos. 4 ds.

(Signed) Edw V. Finegan M.D.

4/1, 1916, (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	April 2, 1916
UNDERTAKER: Geo. H. Holland	ADDRESS: 517 Robert

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93769

CERTIFICATE OF DEATH.

154 C93769

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Waesche St. 4 ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezekial Brown

(Residence in Baltimore: No. 734 Waesche St.; 42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH Sept. 29th, 1841
(Month) (Day) (Year)

7-AGE 74 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor 83
(b) General nature of industry, business, or establishment in which employed (or employer)..... Church

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Charlotte Brownan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Brown

(Address) 734 Waesche st

15- APR 1 - 1916 Filed....., 191.... ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH March 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1916, to March 27, 1916, that I saw h[illegible] alive on March 29, 1916, and that death occurred, on the date stated above, at 59 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. autumn mos. ds.

CONTRIBUTORY (Secondary) Epistaxis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. B. Hughes M. D.

March 31, 191. (Address) 1413 D. Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem — DATE OF BURIAL, April 2nd 1916

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert st

C93770

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93770

CERTIFICATE OF DEATH

152

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 858 W. Baltimore St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Louis & Rose Selkow

Residence in Baltimore: No. 858 W. Baltimore St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word): Single

6-DATE OF BIRTH: April (Month) 1st (Day), 1916 (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, 3 hrs. & 15 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md. Balto

PARENTS

10-NAME OF FATHER: Louis Selkow

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Rose Levin

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Selkow

(Address) 858 W. Balto St

15.
Filed APR 1 - 1916, 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to April 1 1916, that I saw him alive on April 1, 1916, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia

..... (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry A. Weinberger M. D.

April 1, 1916 (Address) 724 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale Cem	April 1 1916
20-UNDERTAKER	ADDRESS
Levinson Bro	1073 E Balto St

State CAUSE OF DEATH in plain terms. No abbreviations or initials. Omission of any item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93771

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 5 WARD) REGISTERED No. C

2-FULL NAME Baby Lappelstein

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 133 Aisquith st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, March 31, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.
If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel Lappelstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Goldberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1419 E. Balto. St.

15- APR 1 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1916, to Apr 1 1916, that I saw him alive on Mar 31 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Atelectasis pulmones

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) difficult delivery

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. W. Kretz M. D.

Apr 1, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 133 Aisquith St

Former or usual residence 133 Aisquith St

19-PLACE OF BURIAL OR REMOVAL Monument Circle Mt Carmel DATE OF BURIAL, April 2, 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93772 80 C93772

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Georgian Court apt ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Lowman

(Residence in Baltimore: No. 4 W Lo Brooke Lane; Linden Ave ST.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 18th, 1848.
(Month) (Day) (Year)

7-AGE, 67 yrs. 11 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 3/4
(b) General nature of industry, business, or establishment in which employed (or employer): Clg. Mnfg

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Laurence Lowman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Theresa Rosenthal

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. L. Lowman

(Address) Mulberry & Gv

15-

Filed APR 1 - 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1916, to March 26 1916, that I saw h— alive on March 26 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arterio-sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Harry Adler M. D.

April 1, 1916 (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dr. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai

DATE OF BURIAL, April 2, 1916

20-UNDERTAKER Harry Sondheim

ADDRESS 1828 W Royal Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093773

CERTIFICATE OF DEATH.

146 093773

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David T. Levy

(Residence in Baltimore: No. 2810 Evergreen Terrace St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1905 (Year)

7-AGE, 11 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Fredericksburg N.C.

PARENTS.

10-NAME OF FATHER, Sam. Levy

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Levy

(Address) 2810 Evergreen Ter.

15-

APR 2 - 1916

Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/28, 1916, to 3/31/ 1916, that I saw him alive on 3/31/ 1916, and that death occurred, on the date stated above, at 8-10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Sinusitis

.....

.....

..... (Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

..... (Duration) — yrs. — mos. 2 ds.

(Signed) M B Levan M. D.

4/1/, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 4 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 2810 Evergreen Terrace

Former or usual residence " " "

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, April 1 191 6

20-UNDERTAKER D. Guinzburg & Bro

ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93774

CERTIFICATE OF DEATH.

42 C93774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 N Broadway ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Mayers Buckheimer

(Residence in Baltimore: No. 1736 N Broadway St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 8, (Month) (Day) 1862 (Year)

7-AGE, 53 yrs. 8 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Elias Taylor

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Mayland

12-MAIDEN NAME OF MOTHER Martha L Davis

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H Buckheimer

(Address) 1736 N Broadway

15- Filed APR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9th 1915, to March 31 1916, that I saw her alive on March 31 1916, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows: H. 40 PM

Adenocarcinoma of Ovary + intestines

Operation Sept 1915

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

March 31, 1916. (Address) 1513 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Ridge Cemetery — DATE OF BURIAL, Apr. 3, 1916.

20-UNDERTAKER John B Spence — ADDRESS 1325 N. Caroline St

C93775

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93775

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8) 108 Penn ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hazelton

(Residence in Baltimore: No. 108 Penn. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)..... Express Co

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Samuel Hazelton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lloyd Hazelton

(Address) 554 Tyson St

15- APR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... (Coroner) ..... M. D.

April 1, 191.. (Address) 242 W 7th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, April 2 1916

26-UNDERTAKER Clarence E Wright — ADDRESS 564 W Fay

Important. See instructions on back of certificate.

C93776

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 C93776

1. PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1525 N. Durham ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John E. Stain

(Residence in Baltimore: No. 1525 N. Durham St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: March 21 (Month) (Day), 1854 (Year)

7. AGE: 62 yrs. — mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Jobbing Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 218

9. BIRTHPLACE (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Christian Stain

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Christina Becker

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Robt Stain

(Address) 1525 N. Durham St.

15. Filed APR 2 - 1916, 191 ROBERT . KRAUTHER, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Apr (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 26, 1916, to Mch 31 1916, that I saw him alive on Mch 31, 1916, and that death occurred, on the date stated above, at 2.45 P m.
The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) + yrs. ..... mos. ..... ds.

(Signed), Jacob Tieken M. D.

Apr 1, 1916 (Address) 1926 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	April 2, 1916
20. UNDERTAKER: Henry Lutz	ADDRESS: 1007 N. Bond

THE CAUSE OF DEATH must be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M & T.—500 Bks. Adam Sinozic

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93777

CERTIFICATE OF DEATH.

108 C93777

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 S. Bond ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Sinozic

(Residence in Baltimore: No. 733 S Bond St.: 1 yrs. 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 20 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Anton Sinozic.

11-BIRTHPLACE OF FATHER (State or Country). Austria.

12-MAIDEN NAME OF MOTHER Mary LaKasuzeska

13-BIRTHPLACE OF MOTHER (State or Country). Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Sinozic.

(Address) 733 S. Bond St.

15-
Filed APR 2 - 1916, 191.. ROBERT . KRAUSE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 18, 1916, to April 1 1916, that I saw h[illegible] alive on April 1, 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ..yrs. Ca. 15 ds.

CONTRIBUTORY (Secondary) —

(Duration) ..yrs. ..mos. ..ds.

(Signed) M. Lamuzeski M. D.

April 1st, 1916. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, April 2, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93778

CERTIFICATE OF DEATH.

91 C93778

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Kowalski

(Residence in Baltimore: No. 811 S Bond St.; ....yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 20, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ( )

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Kowalski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore. Md

12-MAIDEN NAME OF MOTHER Stanislawa Brocki

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislawa Brocki

(Address) 871 S. Bond St.

15-APR 2 - 1916 Filed....., 191.... ROBERT J. KRAUTER, Registrar. By ....., Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1—, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 1— 1916, that I saw h— alive on March 31— 1916; and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Thos A Bruner M. D.

April 1, 1916. (Address) 125 State

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	April 2, 1916.
20-UNDERTAKER M. J. Sadowski.	ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

C93779

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93779

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Schauermann.

(Residence in Baltimore: No. 2701 Penna. Ave. St.; 9 yrs., 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 9, 1906
(Month) (Day) (Year)

7-AGE. 9 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Otto H. Schauermann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Viola M. Hebbel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. O. H. Schauermann

(Address) 2701 Pennsylvania Ave

15- Filed APR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31st 1916, to March 31st 1916, that I saw him alive on March 31st 1916, and that death occurred, on the date stated above, at 10.50 P.m.

The CAUSE OF DEATH* was as follows:

Tetanus.

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Frank E. Shipley M. D.

March 31st, 1916. (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 hrs. Male ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2701 Penna. Ave.

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, April 3, 1916.

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

C93780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C93780

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Caroline ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Becker

(Residence in Baltimore: No. 413 N Caroline St.; 76 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 22, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Lerp.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Becker

(Address) 413 N. Caroline St.

15-

Filed APR 2 - 1916 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept - 1915, to March 31 1916, that I saw h- alive on March 29 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Senile Deg. - Arteries Cer Senile Gangrene - Foot -

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sepsis

(Duration) yrs. 1 mos. ds.

(Signed) M C Brown M. D.

March 31, 1916. (Address) 12 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem DATE OF BURIAL, April 3, 1916

20-UNDERTAKER John Kenny & Co ADDRESS 2011 Aliceanna St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93781

CERTIFICATE OF DEATH.

45 C93781

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ruehl

(Residence in Baltimore: No. 1043 N Gay St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 2 (Day), 1847 (Year)

7-AGE, 72 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer): Housefurnishings

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Edw Ruehl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Annie Griffenstein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Ruehl

(Address) 1043 N Gay

15- Filed APR 2 - 1916 ROBERT KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1916, to March 29 1916, that I saw h.im alive on March 29 1916, and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of Ho. Larynx

Clinical Diagnosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Vanderwerker M. D.

Mar. 31, 1916. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL, Apr 2, 1916

20-UNDERTAKER J Herwig & Co

ADDRESS 2008 Eden

Spec.—8-24-14—M. & T.—2000 Bks.

8 C93782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93782

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 6 WARD)
REGISTERED NO. C.....

2-FULL NAME Louis Dubert

(Residence in Baltimore: No. 1567 N. Potomac St St.; 49 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Dec 14, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 18 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carter 328
(b) General nature of industry, business, or establishment in which employed (or employer) House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Dubert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Heil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Chest St

15- Filed APR 2 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1916, to Apr 1 1916, that I saw h[illegible] alive on Apr 1 1916, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard D. Smith M. D.

Apr 1, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 4 ds. In the State 49 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 1567 N. Potomac St.
Former or usual residence 1567 N. Potomac St.

19-PLACE OF BURIAL OR REMOVAL, Schwartz Ave
DATE OF BURIAL, Apr 3, 1916

20-UNDERTAKER J Herwig & Co
ADDRESS 2008 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

Sarah E. Arnold.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93783

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N Carrollton ave ST.; 16 WARD)

REGISTERED NO. C 172 C93783

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Arnold

(Residence in Baltimore: No. 713 N Carrollton ave St.) (Age 66 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 9, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Richard Holmes

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Mary Ann Brooks

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Arnold

(Address) 713 N Carrollton Ave

15- FILED APR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1916, to April 1st 1916, that I saw h[illegible] alive on April 1st 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Left Femur (Accidental Fall)

(Duration) ... yrs. ... mos. 22 ds.

CONTRIBUTORY (Secondary) Mitral valvular Disease of the heart. unknown (Duration) ... yrs. ... mos. ... ds.

(Signed) Charles G. B. M. D.

April 1st, 1916. (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem DATE OF BURIAL, April 3d, 1916.

20-UNDERTAKER Stewart & Haven Co ADDRESS 1080 North

(Over)

Spec.—C-24-14—M. & T.—2000 Bks.

C93784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Mt Holly ST.; 15 WARD) REGISTERED NO. C

2-FULL NAME Wilhelmine M. Tyles

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 2215 Mt Holly St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 8, 1887.
(Month) (Day) (Year)

7-AGE, 28 yrs. 5 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Denmark

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard I Tyles

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Frances J. Ireland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Tyles Bond

(Address) 2215 Mt Holly Stret

15-
Filed APR 2 - 1916 ROBERT, KRAUTER, 191.. Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about a year ago 191, to March 30 1916, that I saw her alive on March 12 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

t.

about

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. T. Stemwell M. D.

March 1, 191.6. (Address) 2226 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Owings Station Md

DATE OF BURIAL, 4/3, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

Dr Stemwell 2226 Madison

Spec.—8-24-14—M. & —2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93785

CERTIFICATE OF DEATH.

104

C93785

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Garrett Hospital ST.; 19 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Glick

(Residence in Baltimore: No. 203 S. Woodyear, St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 1, 1915.
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Glick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Malke Weinstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sieman Goldman
(Address) 1010 W. Franklin St.

15-
Filed APR 2 - 1916
ROBERT . KRAUT
Burial Permit 01317
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/13 1916, to 4-1- 1916, that I saw h[illegible] alive on 3/31 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Acute Meningitis

(Duration) yrs. mos. 17 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Estelle Hemmes M. D.
4/1, 1916 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 17 ds. In the State 8 yrs. mos. ds.
Where was disease contracted, if not at place of death? unknown
Former or usual residence 203 S. Woodyear St.

19-PLACE OF BURIAL OR REMOVAL Hebrew 2nd Cemetery
DATE OF BURIAL, April 2, 1916.
UNDERTAKER Sol Levine
ADDRESS 1107 E. Balto St.

Spec.—5-19-13—M. & T.—500 Bks.

Louis Fischer

HEALTH DEPARTMENT—CITY OF BALTIMORE

93786

CERTIFICATE OF DEATH.

79 093786

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Garrison Lane ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Fischer

(Residence in Baltimore: No. 101 Garrison Lane, St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married.

6-DATE OF BIRTH, June (Month) 15 (Day), 1857 (Year)

7-AGE, 61 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher 65
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired for 3 years

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Louis Fischer Sr.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Minnie Fischer

(Address)..... 101 Garrison Lane

15-
Filed APR 2 - 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11. 1916, to March 30 1916 that I saw h in alive on March 24 1916 and that death occurred, on the date stated above, at 7.25 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

about

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure.

(Duration) yrs. mos. 1 ds.

(Signed) G. E. Mayo M. D.

3.31. 1916 (Address) 827 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, April 6, 1916

20-UNDERTAKER J. B. Tennant ADDRESS 2238 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Blks.

Mary Gloss.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93787

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

79 C93787

CITY OF BALTIMORE: (No. 401 Furrow ST.; 20 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Glass

(Residence in Baltimore: No. 401 Furrow St.; 49 yrs., 11 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, May (Month) 1 (Day), 1866 (Year)

7-AGE, 49 yrs. 11 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Zeager

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Stolzenbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Glass

(Address) 401 Furrow St

15- APR 2 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to March 31 1916, that I saw her alive on March 31 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. Unknown mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. F. Ott M. D.

April 3, 1916, (Address) Frederick, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westview Cemetery	April 3, 1916
20-UNDERTAKER	ADDRESS
F. B. Kappner 2738	Frederick Md

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93788

CERTIFICATE OF DEATH.

28 C93788

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mondawmin Ave St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Raymond Biddle.

(Residence in Baltimore: No. 2214 Mondawmin Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1878. (Year)

7-AGE, 37 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer)..... Automobiles

9-BIRTHPLACE, (State or Country), Lexington Ky

PARENTS.

10-NAME OF FATHER, Clarence W. Biddle

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa

12-MAIDEN NAME OF MOTHER Kate Cade

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence W. Biddle Father

(Address) 2214 Mondawmin Ave

15- Filed APR 2 - 1916 191.. ROBERT . KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 15th 1916, to March 30th 1916, that I saw him alive on March 30th 191.., and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Larynx

(Duration) yrs. 2 mos. ds.

(Signed) Edw. Wan Nes M. D.

March 31st, 1916. (Address) 205 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Apl 2, 191.6

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C93789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93789

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 5 WARD)
2-FULL NAME Mary Louise Ayres-
(Residence in Baltimore: No. 412 N. Caroline St St.; 13 yrs., mos. ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female
4-COLOR OR RACE: white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow
6-DATE OF BIRTH: July 19 (Month) (Day), 1851 (Year)
7-AGE: 64 yrs. 8 mos. 12 ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home mkr
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): North Carolina

PARENTS.

10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Harry Wilkerson
(Address) 412 N. Caroline St

15- APR 2 - 1916 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: March (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to March 31 1916, that I saw h-e alive on March 31 1916, and that death occurred, on the date stated above, at 6P. m.
The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. mos. 1 ds.
(Signed) C. V. Mc Knight M. D.
Mar 31 1916 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 412 N Carolina St

19-PLACE OF BURIAL OR REMOVAL: St Patricks Cemetery
DATE OF BURIAL: Apr 2/16 191...
20-UNDERTAKER: Christian Miller
ADDRESS 2338 Jefferson

C93790

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93790

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2827 Bernard St. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Long Jr

(Residence in Baltimore: No. 2827 Bernard St. Life St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 9 (Month), 9 (Day), 1914 (Year)

7-AGE: 1 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James E Long

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Alice M Walker

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas E Long

(Address) 2827 Bernard St

15. Filed APR 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1916, to, April 1st 1916, that I saw h[illegible] alive on March 30, 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia following
Whooping Cough (Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. H. Fair M.D.

April 2, 1916 (Address) 172 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: April 2, 1916

20 UNDERTAKER: Chenowith & Son

ADDRESS: Chestnut Ave

C93791

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93791

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 East Preston Street St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Fahey

(Residence in Baltimore: No. 426 East Preston St. St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Dec. 4, 1861 (Month) (Day) (Year)

7-AGE: 54 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Foreman of track 534
(b) General nature of industry, business, or establishment in which employed (or employer): men U. E. R. W.

9-BIRTHPLACE (State or country): Balto. Co., Md.

PARENTS

10-NAME OF FATHER: Patrick Fahey

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Margaret Fahey

(Address) 426 E. Preston St.

15- APR 2 - 1916 ROBERT . KRAUTER Burial Permit Clerk

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28, 1916, to, March 30 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

April 2, 1916 [Address] 426 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	April 3, 1916

20-UNDERTAKER: Henry W. Maas & Son

ADDRESS: 805 N. Calvert St.

C93792 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

138 C93792

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1702 Rutland Ave ST.: WARD) 8

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Elizabeth Gorsuch.

(Residence in Baltimore: No. 1782 Rutland ave St.: Like same yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: June 7, 1881 (Month) (Day) (Year)

7-AGE: 35 yrs. — mos. 23 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt

PARENTS

10-NAME OF FATHER: George Gorsuch

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Agnes Bosley

13-BIRTHPLACE OF MOTHER (State or country): Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Gorsuch.

(Address) 1702 Rutland Ave.

15 APR 3 - 1916 Filed ..... 191.....

MARK O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 30 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 30, 1916, to June 31 1916, that I saw her alive on June 31, 1916, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Bright Disease
Edwds Birth

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Eclampsia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo F Gorsuch M.D.

April 2, 1916 (Address) 1731 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: April 3, 1916

20-UNDERTAKER: George J. Ruth — ADDRESS: 1735 Hanford Ave.

is very important. See instructions on back of certificate.

C93793

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

C93793

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1702 Rutland Ave ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lambert W Gorsuch.

(Residence in Baltimore: No. 1702 Rutland ave St.: ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 30, 1916 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balt

PARENTS

10 NAME OF FATHER: George Gorsuch

11 BIRTHPLACE OF FATHER (State or country): Balt

12 MAIDEN NAME OF MOTHER: Edith Deaver

13 BIRTHPLACE OF MOTHER (State or country): Balt

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Gorsuch

(Address) 1702 Rutland Ave

15 Filed APR 3 - 1916 .491 MARY O ANDREWS, Burial Permit Clerk's REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1916, to April 2 1916, that I saw h[illegible] alive on March 31, 1916, and that death occurred, on the date stated above, at 8 Am.

The CAUSE OF DEATH* was as follows:

Duration: ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

Duration: ..... yrs. ..... mos. ..... ds.

(Signed) Geo F Fleming M. D.

April 2, 1916. (Address) 1531 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: April 3d, 1916

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford Ave

is very important. See instructions on back of certificate.

C93794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 C93794

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1308 Reynolds ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Bucinski

(Residence in Baltimore: No. 1808 Reynold — St.: — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Wht	Single

6-DATE OF BIRTH, ... Mar (Month) 7 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 23 mos. .....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Bucinski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Vanda Gehocki

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vanda Bucinski

(Address) 1308 Reynold St

15- Filed APR 3 - 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acut

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Edw Gerstl (Coroner.) M. D.

4/1/, 1916 (Address) 617 Cook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Apr. 3, 1916

20-UNDERTAKER William Fialkowski — ADDRESS 1618 Eastern Ave.

Important. See instructions on back of certificate.

C93795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93795

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST. 4 WARD) REGISTERED No. C 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stefan Chmielewski

(Residence in Baltimore: No. 6 Elm St. (Curtis Bay) St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, (Not Known) (Month) (Day), 1883 (Year)

7-AGE 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, professiou, or particular kind of work: Laborer 536
(b) General nature of industry, business, or establishment in which employed (or employer): B&O. R.R Co

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, John Chmielewski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER, Mary Idynowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslaw Chmielewska

(Address) 6 Elm St.

15- APR 3 - 1916 HARRY O ANDREWS, Filed, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns (1.2.3rd degree of full of body) His oilsoaked clothing became ignited by non-fire.

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm M Savage M. D. (Coroner.)

April 2nd, 1916 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Curtis Bay

Former or usual residence 6 Elm St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, April 4, 1916

20-UNDERTAKER, William Trallowsky

ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C93796

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 N. East Ave ST.; 6 WARD)

REGISTERED NO. C

2-FULL NAME Gordon H. Mann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 144 N. East ave St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 25, 1916 (Month) (Day) (Year)

7-AGE, yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles W. Mann

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Grace K. Harrison

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Charles W. Mann

(Address) 144 N. East Ave

15- APR 3 - 1916, 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to Apr 2- 1916, that I saw h[illegible] alive on Apr 2- 1916, and that death occurred, on the date stated above, at 2 pm.

The CAUSE OF DEATH* was as follows:

1. Hemolytic Icterus

2. Anemia

(Duration) 1 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) A Stenosis

(Duration) 20 yrs. mos. 1 ds.

(Signed) Geo. E. Beadle M. D.

4/2/16, 191... (Address) 1427 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel — DATE OF BURIAL. April 3, 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 22 E. Preston

C93797

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93797

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore city jail ST.: 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard F. Sheckels

(Residence in Baltimore: No. 2711 Bernard St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 30 (Day), 1874 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 10 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. F. Sheckels.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susanna McCoosing

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susanna ~~Howard~~ Sheckels

(Address) 2711 Bernard St

15- APR 3 - 1916 Filed ....., 191.. HARRY G. ARNOLD, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy~~ or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) ....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) ....yrs....mos....ds.

(Signed) Thos. H. Schaeuber M. D. (Coroner.)

April 2, 191.6 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.... .mos. 3 ...ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL, April 4, 1916

20-UNDERTAKER A. S. Marshall ADDRESS 353 Falls Road

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93798

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93798

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Cohen

(Residence in Baltimore: No. 2742 W. Lafayette Ave St.; ..... yrs. 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 26, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Child

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Levi Cohen

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Leah Reinas

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Martin Bailey

(Address) Johns Hopkins Hospital

15- APR 3 - 1916 HEALTH DEPARTMENT
Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to April 1 1916, that I saw h.. alive on April 1 1916, and that death occurred, on the date stated above, at 10 45 p. m.

The CAUSE OF DEATH* was as follows:

Indigestion Acute Intestinal

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acidosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Gilbert W. Rountree M. D.

April 2, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 1 mos. 5 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Usual Residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, April 2, 1916.

20-UNDERTAKER S. Levinson & Bro. — ADDRESS 1107 E Balto St

C93799 HEALTH DEPARTMENT--CITY OF BALTIMORE C93799

CERTIFICATE OF DEATH

152

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 746 Rumsey St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Herman

(Residence in Baltimore: No. 746 Rumsey St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH: Apr. (Month) 2 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. | If LESS than 1 day 11 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Adair W. Herman

11-BIRTHPLACE OF FATHER (State or country) Missouri

12-MAIDEN NAME OF MOTHER M. Elsie Fox

13-BIRTHPLACE OF MOTHER (State or country) Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Elsie Fox

(Address) 746 Rumsey St.

15 Filed APR 3 - 1916, 191

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5 P.M. Apr 2, 1916, to 3 a.m. Apr 3 1916, that I saw him alive on Apr. 2 1916, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Premature birth cord during delivery & congenital conditions

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Howard C. Silver M. D.

Apr 3d, 1916 (Address) 1914 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balt Hebrew | DATE OF BURIAL: Apr 3, 1916

20-UNDERTAKER: Hamburger | ADDRESS: 18 N Howard St

State CAUSE OF DEATH in plain terms. Indefinite answers, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Convulsions," "Uremia," "Cancer," "Tumor," are not sufficient. Every certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

C93800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C93800

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Pierce St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Eliza Burley

Residence in Baltimore: No. 832 Pierce St.; (No 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col'd	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 18.56 (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Easton Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patsy Connor

(Address) 632 Pierce St

15-

Filed APR 3 - 1916, 191... MARKET O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to April 1, 1916, that I saw h alive on April 1, 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 1 mos. ds.

(Signed) H. M. Stevens M. D.

April 1, 191.6 (Address) 739 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mark Auburn	April 3, 191.6.
20-UNDERTAKER	ADDRESS
John H Owens	1222 Druid Pk

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93801

C93801

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Ettting ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Montezuma Lewis

(Residence in Baltimore: No. 2435 Etting St.; 58 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1858? (Year)

7-AGE, about 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Mark Lewis

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Maria —

13-BIRTHPLACE OF MOTHER (State or Country), Dont know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Lewis

(Address) 2435 Etting St

15-

APR 3 - 1916

1916 HARRY O ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1916, to April 1st 1916, that I saw him alive on March 29th 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic) (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis & Hematuria

(Duration) 3 yrs. mos. ds.

(Signed) Edward C. Reid M. D.

April 3, 1916. (Address) 1322 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
National Cemetery	April 4, 1916
20-UNDERTAKER	ADDRESS
John H Owens	1322 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

093802 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 093802

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313-W. Lanvale ST. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Stephen Pschaudy

(Residence in Baltimore: No. 1313 W. Lanvale St St.; 55 yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 20th, 1861.
(Month) (Day) (Year)

7-AGE, 55 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 65

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Jos. F. Pschaudy

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER Teresa Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Webster

(Address) 1313 W Lanvale

15-APR 3 - 1916 Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 31st 12 M 1916, to Mch 31st 4 PM 1916, that I saw him alive on Mch 31st 4 PM 1916, and that death occurred, on the date stated above, at 5:55 m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

I do not know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility (Duration) ....yrs. ....mos. 1 ds.

(Signed) E. K. Wiley M. D.

April 5, 1916. (Address) 7 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	April 3, 1916
20-UNDERTAKER	ADDRESS
H. & M. J. Flynn	1422 Light

Spec.—8-24-14—M. & T.—2000 Blks.

C93803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93803

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 4 WARD) REGISTERED No. C 91

2-FULL NAME Nathan Brotman

(Residence in Baltimore: No. 2235 Preston Place St.; ...yrs., 11 mos. ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, May (Month) 2 (Day), 1915 (Year)

7-AGE, ...yrs. 11 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jake Brotman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Hassen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Baltimore

15-

Filed APR 3 - 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to April 2nd 1916, that I saw h[illegible] alive on April 2nd 1916, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Pediococcus septicemia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) Marcus Astrin M. D.

4/2/16, 191.6. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. 11 mos. ...ds.

Where was disease contracted, if not at place of death? 2235 Preston Place

Former or usual residence 2235 Preston Place

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Workmen circle Mt Carmel	4/3, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C93804

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93804

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 710 Aisquith St ST.; 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Abraham Lederberg

Residence in Baltimore: No. 710 Aisquith st

St.; 17 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. July 4, 1877
(Month) (Day) (Year)

7-AGE. 38 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. Lewis
(Address) 1414 E Balto St

15-
Filed APR 3 - 1916, 191.
HARRY O ARGERS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to April 2 1916,
that I saw him alive on March 30 1916,
and that death occurred, on the date stated above, at 12a m.
The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. — mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Peck M. D.
1916 (Address) 936 E Monument st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	4/3, 191 6
20-UNDERTAKER Jack Lewis	ADDRESS E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C93805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93805

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 184 Preston ST.; 11 WARD)

2. FULL NAME Andrew J. Himmon

(Residence in Baltimore: No. 184 Preston St.; ~ yrs. ~ mos. ~ ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) 1847 (Day) 1 (Year)

7-AGE. 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Farm Hands

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas Himmon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Isabella Adams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas J. Himmon

(Address) 184 Preston St.

15. Filed APR 3 - 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1st (Month) ....., 1916 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28th 1916, to April 1st 1916, that I saw h.. alive on March 31st 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

(Apoplexy) Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Elliott M. D.

4/3, 1916 (Address) 724 Mt. Vernon Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, April 3 1916

20-UNDERTAKER John H Stoddurn — ADDRESS 142 N Mile St

Spec.—8-24-14—M. & T.—2000 Bks.

C93806 HEALTH DEPARTMENT—CITY OF BALTIMORE C93806

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3628 Old York Road ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella N. Gibson

(Residence in Baltimore: No. 3628 Old York Road St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH: June (Month) 12 (Day), 1874 (Year)
7-AGE: 41 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: House wife (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Md

PARENTS.
10-NAME OF FATHER: George Watts
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: Emily Gompple
13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. H. Howard Gibson
(Address) 3628 Old York Road

15- FILED APR 3 - 1916, 191... MARY O ANDREWS, Asst Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1915, to Mar 31 1916, that I saw her alive on Mar 31 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma L. Left breast
Metastasis to Pleura & Lung
(Duration) ... yrs. 7 mos. ... ds.
CONTRIBUTORY (Secondary) ... (Duration) ... yrs. 3 mos. ... ds.
(Signed) Wm. H. Stiffler M. D.
3/31, 1916 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 3, 1916.
20-UNDERTAKER James Lizzon & Son	ADDRESS 1011 S. Paca St.

Spec.—5-19-13—M. & T.—500 Bks.

C93807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 Booth ST.; 20 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Law

(Residence in Baltimore: No. 1941 Booth St. St.; 45 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ... Unknown ..... (Month) ..... (Day), 1871 (Year)

7-AGE, ... 45 ..... yrs. ? ..... mos. ? ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Teamster 6 2/12
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Grosie Law .....

(Address) ..... 1941 Booth St. .....

15- APR 3 - 1916 Filed ..... 191.. MARY O. JENKINS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March ..... (Month) ..... 31 ..... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to March 31 1916, that I saw h im alive on March 30 1916, and that death occurred, on the date stated above, at 8.45a m.

The CAUSE OF DEATH* was as follows:

..... Lobar pneumonia .....

.....

.....

..... (Duration) ? yrs. ? mos. 7 ds.

CONTRIBUTORY (Secondary) ..... influenza .....

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) ..... Chester Riland ....., M. D.

March 31., 1916 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 3 1916

20-UNDERTAKER A. Jones — ADDRESS 207 S. Stricker St

Spec.—5-19-13—M. & T.—500 Blks.

C93808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

C93808

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew A Goetsch

(Residence in Baltimore: No. 1022 Russell St

St.: ....yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 7, 1856
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 3 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Varnisher
(b) General nature of industry, business, or establishment in which employed (or employer): Piano Factory

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Joseph Goetsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elis Kruto

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Goetsch

(Address) 1022 Russell

15- APR 3 - 1916 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1915, to March 31 1916, that I saw h[illegible] alive on March 31 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate
Gland
Clinical Diagnosis
(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia
(Duration) ....yrs. .... mos. 1 ds.

(Signed) W Hammon Linton M. D.

April 4, 1916 (Address) Light & Marion Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem.	Apr 3, 1916

20-UNDERTAKER Wm J Tickner & Sons ADDRESS North & Penna

Spec.—5-19-13—M. & T.—500 Bks.

C93809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

C93809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Stricker ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Godfrey Snyder

(Residence in Baltimore: No. 511 N. Stricker St St.; 63 yrs. 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, June (Month) 23 (Day), 1852 (Year)

7-AGE, 63 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... timer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shop at home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Gottlieb Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna Margaret Weigel

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John G. Snyder

(Address) 511 N. Stricker St.

15- APR 3 - 1916 Filed....., —191..... MARRY O [illegible], Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from January 5 1916, to March 31 1916, that I saw h[im] alive on March 31 1916, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Chester Ruland M. D.

April 1, 1916 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Apl. 3, 1916.

20-UNDERTAKER Wm. J. Tickner & Son ADDRESS North & Penna

Spec.—8-24-14—M. & T.—2000 Bks.

C93810

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93810

CERTIFICATE OF DEATH.

4 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; ..... WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Mensing

(Residence in Baltimore: No. Mercy Hospital St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), Widower

6-DATE OF BIRTH, Nov. 15, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Henry Mensing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lotta ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed APR 3 - 1916, 191.....

HARRY O ANDREW Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar. 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 27 1916, to Mar. 31 1916, that I saw him alive on Mar 31 1916 and that death occurred, on the date stated above, at 11:55 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Mar 31, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS),

At place of death ... yrs. ... mos. 4 ds. In the State 70 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Not Known

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND

DATE OF BURIAL, APR. 1 - 1916

20-UNDERTAKER Health. ADDRESS

FOR ANATOMICAL PURPOSES

C93811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C93811

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 328 E 25 St.; 12 WARD) REGISTERED No. C

2-FULL NAME Mary L Woodland

(Residence in Baltimore: No. 328 E 25th St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	white	married

6-DATE OF BIRTH, Oct 2, 1844
(Month) (Day) (Year)

7-AGE 71 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, H Garrett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lewis Woodland
(Address) 328 E 25th St

15-
Filed APR 3 - 1916, 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inq
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. mos. ds.
(Signed) Hans C. Hagen M. D.
(Coroner)
Apl 3, 1916 (Address) 364 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Apl 4, 1916

20-UNDERTAKER E A Wiedefeld & Bro ADDRESS 1113 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

C93812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C93812

REGISTERED NO. C.....

1-PLACE OF DEATH
(City OF BALTIMORE (In) Mercy Hospital ST.; 4 WARD)

2-FULL NAME Ruth Virginia Sullivan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Mercy Hospital St.; X yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 17, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- APR 3 - 1916 CLERK O ANDREWS, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1916, to Mar 31 1916, that I saw h[illegible] alive on Mar 31 1916, and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

..... (Duration)....yrs. 1 mos....ds.

CONTRIBUTORY (Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) Edward [illegible] M. D.

Mar 31, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 4 yrs. 2 mos. ....ds.

Where was disease contracted, if not at place of death? St Vincents Day Nurs

Former or usual residence St Vincents Day Nurs

19-PLACE OF BURIAL OR REMOVAL, St Helen Cemetery — DATE OF BURIAL, April 3, 1916

20-UNDERTAKER George A. Fahey — ADDRESS Sutton & Lombard

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93813

CERTIFICATE OF DEATH

1 20 C93813

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 316 Diamond St.; 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph T. Stewart

(Residence in Baltimore: No. 316 Diamond St. St.; 34 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) September (Day), 1882 (Year)

7 AGE: 34 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Stewart

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Stewart

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leona Stewart

(Address) 924 Argyle Ave

15 Filed APR 3 - 1916, 191 MARY O ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 29, 1916, to Apr 1 1916, that I saw h[illegible] alive on Apr 1, 1916, and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 1 yrs. 0 mos. 0 ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Kenyon M. D.

Apr 2, 1916 (Address) 412 N Green

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Apr 4 1916

20 UNDERTAKER: Samuel T Kemble — ADDRESS: 578 W Baltimore

THE CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C93814

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Jenkins

(Residence in Baltimore: No. 611 Preston St. St.; 20 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, November 2nd, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid (?)
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia A. Veazey

(Address) 611 Preston St.

15- APR 3 - 1916 MARK O ANDREWS, Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31st, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9th 1916, to March 31st 1916, that I saw h[illegible] alive on March 31st 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute

(Duration) 3 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

4/3, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, 4/4, 1916

20-UNDERTAKER Samuel T. Crusby — ADDRESS 578 W. Balto.

C93815

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93815

8

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3438 Cedar Ave., ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William C. Edmonston.

(Residence in Baltimore: No. 3438 Cedar Ave., St.; yrs. 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: Feb 16, 1916 (Month), 1 (Day), ... (Year)

7 AGE: ..... yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): 3438 Cedar Ave.,

PARENTS

10 NAME OF FATHER: C.L. Edmonston

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: L. Sweatman

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. L. Edmonston

(Address) 3438 Cedar ave

15 Filed APR 3 - 1916 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 2nd. (Day) 1916, 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1916 191 to April 2, 1916 191, that I saw him alive on April 2, 1916 191, and that death occurred, on the date stated above, at 7.00 P.m. The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J Davies M. D.

4/3/1916, 191 (Address) 800 W. 33rd. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary's Cemetery	April 3 1916
20 UNDERTAKER	ADDRESS
Grenawalt & Son	3617 Chestnut ave

IMPORTANT: Before burial or removal from city, this certificate must be filed with the Registrar of Vital Statistics, Room 105, City Hall, Baltimore, Md. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93816

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93816

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 23 WARD)

REGISTERED NO. C

2-FULL NAME Mary Allen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 136 W. Hamburg St St.; 10 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, February 27, 1906 (Month) (Day) (Year)

7-AGE, 10 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Clarence Allen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Spragg

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital.

15-
APR 3 - 1916
Filed ..... 191.
MARY O ANDREWS,
Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 1 1916, that I saw h.r alive on April 1 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chorea

(Duration) ....yrs....mos....ds.

(Signed) Kenneth T. Mackie M. D.

April 1, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? 136 W Hamburg St

Former or usual residence 136 W. Hamburg St

19-PLACE OF BURIAL OR REMOVAL. Mt. Olivet

DATE OF BURIAL. April 4, 1916.

20-UNDERTAKER R. S. Parham

ADDRESS 423 Leadenhall St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93817

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93817

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hosp. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mc Elroy

(Residence in Baltimore: No. 1470 Hanover St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1839.
(Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. M. Elroy

(Address) 1470 Hanover St.

15- APR 3 - 1916 Filed....., 191... MARBY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 29 1916, to April 1 1916, that I saw h[illegible] alive on April 1 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Fractured Left Femur
Accidental fall down stairs
(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(Duration) yrs. mos. 10 ds.

(Signed) [illegible] M. D.

April 1, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1470 Hanover St

Former or usual residence 1470 Hanover St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, April 4 1916.

20-UNDERTAKER John J Bowen Son ADDRESS 9 N Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093818 120 093818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1407 W Ostend ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Charles W Emmart

(Residence in Baltimore: No. 1407 W Ostend St.; 47 yrs., 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
male.	white.	Widowed

6-DATE OF BIRTH, August 17th, 1868.
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shop (House)
(b) General nature of industry, business, or establishment in which employed (or employer): Painter

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William A. Emmart

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Barbra. Lee

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William A. Emmart

(Address) 1407 W. Ostend St

15- APR 3 - 1916 Filed ..... 191... MARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to April 2 1916, that I saw him alive on April 2nd 1916, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ? yrs. ....mos. ....ds.

(Signed) Luther T. Dorsey M. D.

April 3, 1916. (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem	April 5th, 1916.
20-UNDERTAKER John Heaman Son	ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93819

CERTIFICATE OF DEATH.

92 C93819

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fox

Residence in Baltimore: No. 410 N. Bruce St.; 2 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Boy Colored
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Chas. Fox

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Florence Green.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Fox

(Address) 306 N. Mount St.

15- APR 3 - 1916 Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20 1916, to March 31 1916, that I saw b[illegible] alive on March 31st 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) H. D. Hackbart M. D.

Apl 1, 1916. (Address) 112 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, April 3, 1916.

20-UNDERTAKER Gilbert Brown

ADDRESS 306 N. Mount St.

Spec.—5-19-13—M. & T.—500 Blks.

C93820

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93820

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 299 S. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Virginia Massey

Residence in Baltimore: No. 299 S. Pulaski St.: Life Time

(.....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 10 (Day) 1895 (Year)

7-AGE, 20 yrs. 3 mos. 23 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Feather maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 897

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John J. Massey

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Martin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Massey

(Address) 299 S. Pulaski

15-

Filed APR 3 - 1916, 191.... MARY O ROGERS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day) 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 7 1916, to April 2 1916, that I saw h[er] alive on April 1 1916, and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(Duration) ....yrs. mos. 2 ds.

(Signed) Edward Cook M. D.

4/2, 191 6 (Address) 1413 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 5, 1916.

20-UNDERTAKER, George Lehmat & Bro — ADDRESS 2114 Eutaw St Cor

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93821

CERTIFICATE OF DEATH

64

C93821

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 140 Landsdowne Lane ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Sobinski

(Residence in Baltimore: No. 140 Landsdowne Lane St.; 34 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 20th (Month) (Day), 1836 (Year)

7-AGE: 79 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Franz Sobinski

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Russell

(Address) 140 Landsdowne Lane

APR 3 - 1916
Filed ....., 191.....

MAKE 6 ADDRESS,
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: March (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 29, 1916, to Mch 31, 1916, that I saw him alive on Mch. 31, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH*, was as follows:

Ch. Bronchitis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edward L. Condon M. D.

April 2, 1916 (Address) 750 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: April 3, 1916

20-UNDERTAKER: F B Wippert

ADDRESS: Fred'k Ave

IF THE CAUSE OF DEATH is not properly certified. Each blank must be filled out. Any erasure or alteration in this certificate may be punishable by fine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93822

CERTIFICATE OF DEATH.

79 C93822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Linden Avenue ST.: 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jackson Schultz Fay

(Residence in Baltimore: No. 1401 Linden Avenue St.; 3 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 24 (Day), 1881 (Year)

7-AGE, 34 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleman 66
(b) General nature of industry, business, or establishment in which employed (or employer): Drapery Business

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William W.Fay

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Julia G.Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Rohde Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt. W. G. Fay

(Address) Washington, D.C

15- Filed APR 3 - 1916, 191. HARRY O ANDERSON Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1914, to April 2 1916, that I saw him alive on April 2 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Manner Lazenby M. D.

4/2/, 1916. (Address) 216 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis, Md.	Apr 4, 191...
20-UNDERTAKER	ADDRESS
Chas. F. Evans & SON	118 W. Mt. Royal

Spec.—8-24-14—M. & T.—2000 Bks.

C93823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C93823

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N Dallas St.; 7 WARD)

2-FULL NAME Wesley Knight

Residence in Baltimore: No. 809 N Dallas St.; 5 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH. ..... unknown ....., 1893
(Month) (Day) (Year)

7-AGE. 23 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Public work

9-BIRTHPLACE. (State or Country) Va ~~Tennessee~~

PARENTS.

10-NAME OF FATHER. Jacob Knight

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Fannie Montague

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Bush

(Address) 809 n Dallas St

15-

Filed APR 3 - 1916, 191.. Burial Permit Oier
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... March (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Mar 31 1916, that I saw h[illegible] alive on Mar 31 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... T.B. Spine (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Tb. Larynx .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Edward Fisher M. D.

Apr 1st, 1916 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	April 3, 1916
20-UNDERTAKER	ADDRESS
Milton Davis	1618 E Eldert St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93821 C93824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Annelikin ST.; 5 WARD)

REGISTERED No. C 28

2-FULL NAME Mary E. Hopkins

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1414 Annelikin St.: 27 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 1, 1888
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Own home

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Louis Abissur

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Annick

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard B. Hopkins

(Address) 1414 Annelikin St

15- APR 3 - 1916 BUREAU OF INSPECTION

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1916, to March 31, 1916, that I saw h[illegible] alive on March 30 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert A. Green M. D.

April 1, 1916. (Address) 120½ Des Moines St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem | DATE OF BURIAL, Apr. 3, 1916

20-UNDERTAKER Philip J Herring | ADDRESS 701 E Oliver St

Spec.—8-24-14—M. & T.—2000 Bks.

C93825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C93825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Wiessner

(Residence in Baltimore: No. 529 N Belnord Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 9 1895
(Month) (Day) (Year)

7-AGE, 20 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Muth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Wiessner

(Address) 529 N Belnord Ave

15- Filed APR 3 - 1916, 191... MARKET O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 1916, to Mar 31 1916, that I saw her alive on Mar 31 1916, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar?
Heart Failure
Perforated (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Owen J. McGuire M. D.
Mar 31, 191 6 (Address) St. Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 20 yrs. 8 mos. 21 ds.

Where was disease contracted, if not at place of death? 529 N Belnord Ave

Former or usual residence 529 N Belnord Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Emanuel Lem	Apr 4, 191 6
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

C93826

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93826

18

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 863 West Ostend St. WARD) 24

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Gardner

(Residence in Baltimore: No. 863 West Ostend St. St. 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) ....., 1865 (Day) (Year)

7-AGE: 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 23

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: William H. Gardner

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Gardner

(Address) 263 W Ostend St

15- APR 3 - 1916 Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19, 1915 to April 1st, 1916
that I saw h[illegible] alive on March 31st, 1916
and that death occurred, on the date stated above, at 830 Am.
The CAUSE OF DEATH* was as follows:

Failing compensation

..... (Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Endocarditis

unknown (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Denston M. D.

4/1, 1916 (Address) 301 E Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ft Auburn Cemetery | DATE OF BURIAL: April 4, 1916

20-UNDERTAKER: [illegible] H Hooper | ADDRESS: 609 [illegible] Eutaw St

is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93827

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 E Cross ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Amarino

(Residence in Baltimore: No. 143 East Cross St.; yrs. 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1915 (Year)

7-AGE, yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Maryland (City)

PARENTS.

10-NAME OF FATHER: Joseph J Amarino

11-BIRTHPLACE OF FATHER (State or Country): New York

12-MAIDEN NAME OF MOTHER: Mae Emerson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph J Amarino

(Address) 143 E Cross St

15- APR 3 - 1916 MARY O [illegible]

Filed....., 19.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 31st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 2 1916, to March 31 1916, that I saw him alive on Mar 30 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 2d ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C D Kempton M. D.

Mar 31, 1916. (Address) 301 E Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: April 2, 1916

20-UNDERTAKER: K F M [illegible] Sons — ADDRESS: 1521 Light

Spec.—8-24-14—M. & T.—2000 Bks.

C93828

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93828

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1675 N. North Ave ST.: 15 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav R. Kleese

(Residence in Baltimore: No. # 1675 N. North Ave St.: Dikeman yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 20 (Day), 1852 (Year)

7-AGE, 63 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 666

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Kleese

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Silverman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Kleese

(Address) 1675 N. North ave

15- APR 3 - 1916 Filed....., 191.. MARRY O ANDREWS, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to April 1 1916, that I saw him alive on March 31 1916, and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 20 ds.

(Signed) John D. Wells M. D.

April 1st, 1916. (Address) 1934 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Shrew Brenshire — DATE OF BURIAL, April 4, 1916.

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Mad ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93829

CERTIFICATE OF DEATH.

84 C93829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Clarkson ST.; 23 WARD) REGISTERED NO. C

2-FULL NAME Emile J. Hartel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1729 Clarkson St.; Wife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 12th (Month) (Day), 1915 (Year)

7-AGE, yrs. 8 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Hartel

11-BIRTHPLACE OF FATHER (State or Country), Austria.

12-MAIDEN NAME OF MOTHER Louisa Goth

13-BIRTHPLACE OF MOTHER (State or Country), Austra.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hartel

(Address) 1729 Clarkson St.

15- FILED APR 3 - 1916 ROBERT KRAUTER, Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 191 6, to Apl 3 191 6, that I saw him alive on Apl 1 191 6, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis 5 ds.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Robt L Jr Tabler M. D.

Apl 3, 191 6 (Address) 1318 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross, AAC — DATE OF BURIAL, 4-4, 1916

20-UNDERTAKER E & B Harle. — ADDRESS 115 E N Eut St

Spec.—8-24-14—M. & T.—2000 Bks.

Frank J. Le Doyen.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93830

CERTIFICATE OF DEATH.

19 C93830

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 W. Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Le Doyen

(Residence in Baltimore: No. 1111 W. Cross St St.; ..... yrs., ... mos. ..... ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... March (Month) 18 (Day), 1867 (Year)

7-AGE, 49 yrs. 0 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Manufg Jr.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Polishes

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Le Doyen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E. Wehr

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma E. Le Doyen

(Address) 1111 W. Cross St.

15- APR 3 - 1916 ROBERT . KRAUTER, Filed ....., 191..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year).

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1916, to April 2, 1916, that I saw him alive on April 1, 1916, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

With Dilatation (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. H. Lauenstein M. D.

April 3, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	April 4, 1916
20-UNDERTAKER	ADDRESS
Jos Jacobs & Son	217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~93831~~ 92C93831

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Laurence Bateman

Residence in Baltimore: No. 14 East St St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 16, 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Driver
(b) General nature of industry, business, or establishment in which employed (or employer) City

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ben Bateman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) East St.

15- Filed APR 3 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to Apr 1 1916, that I saw ~~him~~ alive on Apr 1 1916, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Jones M. D.

Apr 1, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 14 East St

Former or usual residence 14 East St

19-PLACE OF BURIAL OR REMOVAL, Samuel Kennedy — DATE OF BURIAL, April 4th, 1916

20-UNDERTAKER Charles B. Jones — ADDRESS 506 Rogers Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093832

CERTIFICATE OF DEATH.

79 093832

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N Spring ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Johnson

Residence in Baltimore: No. 825 N Spring St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1869 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... wife

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Adline Harris

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sarah Johnson

(Address)..... 825 N Spring St

15. APR 3 - 1916 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to April 1 1916, that I saw h alive on April 1 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

1 Mitral Insufficiency

Indefinite (Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Asthma

Indefinite (Duration)..... yrs. 2 mos. ..... ds.

(Signed)..... Edward Fisk M. D.

Apr 2, 1916 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 4 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	506 Rogers St

Spec. 8 24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93833

CERTIFICATE OF DEATH.

74 C93833

1-PLACE OF DEATH

CITY BALTIMORE: (No. 1141 Hanover ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry T. Dixon.

(Residence in Baltimore: No. 1141 Hanover St.; 5je yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Apr 9 (Month) (Day), 1895 (Year)

7-AGE, 20 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Box factory
(b) General nature of industry, business, or establishment in which employed (or employer): Box Makers

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm L Dixon

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary V Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Dixon

(Address) 1141 Hanover

15- APR 3 - 1916 Filed, 191.. ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to April 2nd 1916, that I saw him alive on April 2nd 1916, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Probably Immediate Epilepsy

Cerebral Embolism

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) High blood pressure

(Duration) yrs. mos. ds.

(Signed) Stafford Dixon M. D.

April 2, 1916 (Address) 127 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 5, 1916

20-UNDERTAKER Tom Cook — ADDRESS 502 E Hoff

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93834

CERTIFICATE OF DEATH.

64 C93834

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 Edmondson Av. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Fannie Granger

(Residence in Baltimore: No. 2444 Edmondson Av. Str.; 89 yrs., 3 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec (Month) 28 (Day), 1826 (Year)

7-AGE, 89 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, J. J. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Webb Caini

(Address) 2444 Edmondson

15- APR 3 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 27th 1916, to Apl 2nd 1916, that I saw her alive on Apl 2nd 1916, and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs...mos. 7 ds.

CONTRIBUTORY (Secondary) Extreme age

(Duration) ...yrs...mos...ds.

(Signed) Eugene Douglas M. D.

Apl 7, 1916 (Address) 830 W. North Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 4/5, 1916

20-UNDERTAKER Williams Clerk

ADDRESS 502 E North

C93835

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

110 C93835

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2458 Greenmount ave ST.; 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Shipley

(Residence in Baltimore: No. 2458 Greenmount ave ST.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: March 31st, 1916 (Month) (Day) (Year)

7 AGE: 3d — yrs. — mos. 3 ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Leslie R Shipley

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Violet E. Rowland

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leslie R Shipley
(Address) 2458 Greenmount ave

15 APR 3 - 1916 Filed ....., 191 ROBERT J. KRAUTH, Special Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 3rd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1916, to, April 3 1916, that I saw h[illegible] alive on April 2d 191..., and that death occurred, on the date stated above, at 1.20 p.m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Hemorrhage of Bowels

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Howard Kelly M. D.

April 3, 191... (Address) 2127 Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Apr 4, 1916

20 UNDERTAKER: G. F. Walker — ADDRESS: 1123 W Lafayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93836 — CERTIFICATE OF DEATH — 81 C93836

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Brice ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth C. Sullivan

(Residence in Baltimore: No. 817 N. Brice St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec. (Month) 22nd (Day) 1847 (Year)

7-AGE: 68 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Carroll Co. Md

PARENTS

10-NAME OF FATHER: Wm Bankert

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Marian Snyder

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Annie Grant

(Address): 1231. E Biddle St

APR 3 - 1916 Filed ....., 191.. ROBERT , KRAUTH, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1916, to, April 3 1916, that I saw h.. alive on April 3 1916, and that death occurred, on the date stated above, at 1130a m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY): Arterio-sclerosis

(Duration) several yrs. — mos. — ds.

(Signed), M Bannan Wood, M. D.

April 3 1916. [Address] 626 N. Gilmor St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster Md — DATE OF BURIAL: April 6th, 1916

20-UNDERTAKER: Graham F. Walker — ADDRESS: 723 W Laf Ave

TION is very important. See instructions on back of certificate.

93837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 78 93837

REGISTERED No. C.....

1-PLACE OF DEATH
OF BALTIMORE (No. Calvary Prot. Church, Linwood & Eldersgate. (WARD).

2-FULL NAME Robert H. Hopkins

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 904 Ninth St.; yrs., 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, Nov. (Month) 5th (Day), 1863 (Year)

7-AGE,	If LESS than 1 day,
52 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): State Board of Health

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edw. A. Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Martha Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie B. Hopkins

(Address) 904 Ninth St.

APR 3 - 1916

Filed....., 191.... ROBERT . KRAUTH Burial Permit Clerk

Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of 1st Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Lewis (Coroner.) M. D.

Apr. 3rd, 1916 (Address) 1726 W. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Ocean Ville, Balto. Co. Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Aberdeen Md	April 4, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson 21

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93838 C93838 C93838

CERTIFICATE OF DEATH.

× 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Curry

(Residence in Baltimore: No. Md Gen Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Unknown, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Virginia

PARENTS.

10-NAME OF FATHER, Henry Brown

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Eaton

(Address) 4760 Park Heights Ave

15- APR 4 - 1916 MARRIED ARRIED?
Filed....., 191.... Burial Permit Given
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30th 1916 to April 3rd 1916, that I saw h.r alive on April 3rd 1916, and that death occurred, on the date stated above, at 3.50 P.m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary
..... Oedema
..... (Duration) .... yrs. .... mos. 1 .... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) .... yrs. .... mos. 5 .... ds.

(Signed) Frank E. Shipley M. D.

April 3rd 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 4760 Park Heights Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 5 1916
20-UNDERTAKER	ADDRESS
F. A. Kranke	703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93839

CERTIFICATE OF DEATH.

91 C93839

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1259 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Mac Donald

(Residence in Baltimore: No. 1259 Columbia Ave St.; — yrs., — mos. — ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	widower

6-DATE OF BIRTH, January (Month) 25 (Day), 1844 (Year)

7-AGE, 72 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cooper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Angus MacDonald

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward MacDonald

(Address) 1259 Columbia ave

15- APR 4 - 1916 Filed..... 191. MARK O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to April 2 1916, that I saw h.. alive on April 1 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

Bronchio-Pneumonia

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Collapse

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Harry Bond M. D.

April 3, 1916 (Address) 102 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk Cmty	April 4, 1916
20-UNDERTAKER	**ADDRESS**
Wm Pickrell & Sons	Balto Md

Spec.—8-24-14—M. & T.—2000 Bks.

C93840

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Mulliken ST.; 5 WARD)

REGISTERED No. C 61

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguertt Harris

(Residence in Baltimore: No. 1221 Mulliken St St.; yrs. 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colored	Single

6-DATE OF BIRTH, Nov 10, 1911
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 17 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Augustus Harris

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mandt Reglin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus Harris

(Address) 1221 Mulliken St

15- MARK C. ROBERTS, Burial Permit Clerk
Filed APR 4 - 1916, 191
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 29 191, to March 31 1916, that I saw h[illegible] alive on March 31 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Coma
Spinal Meningitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis Sec

(Duration) yrs. mos. 1 ds.

(Signed) H Bateman F Zinn M. D.

4 13, 1916 (Address) 222 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Lebanon Cemetery	4 7, 1916

20-UNDERTAKER	ADDRESS
Chas. H. Johnson	46 N. Caroline St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93841 C93841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Durham ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Jackson

(Residence in Baltimore: No. 227 N. Durham St.; — yrs., — mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. March 22, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
— yrs. — mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathews Cary

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Martha Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Delia Taylor

(Address) 227 N. Durham St.

15- Filed APR 4 - 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to April 3 1916, that I saw him alive on April 2 1916, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 5 ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ....ds.

(Signed) Adolph C. Eisenhart M. D.

April 3, 1916 (Address) 1201-3 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 4, 1916

20-UNDERTAKER	ADDRESS
Milton Davis	1608 N. Eden St.

Spec.—8-24-14—M. & T.—2000 Bks.

C93842

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93842

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Aisquith ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta T. Tilghman

(Residence in Baltimore: No. 1731 Aisquith St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Sep (Month) 21 (Day) 1886 (Year)

7-AGE. 29 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George W. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William R Tilghman

(Address) 1731 Aisquith St

15- APR 4 - 1916 191.... HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, APR - 2 1916 (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from FEB - 5 1916 191..., to APR - 2 1916 191..., that I saw h ER alive on APR - 2 1916 191..., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

General Asthenia due to Tuberculosis of Pulmonary Tuberculosis

(Duration) X yrs. two mos. X ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) — yrs. 2 mos. X ds.

(Signed) O. H. Duker M. D.

APR - 3 1916 191.. (Address) 920 E NORTH AVE

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland

DATE OF BURIAL, Apr. 7..., 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E North

C93843

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93843

CERTIFICATE OF DEATH.

120

PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE (No. 210 W Camden St.: 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Charles Schaal

2-(Residence in Baltimore: No. 210 W Camden St.; yrs. 55 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct (Month) 8 (Day), 1860 (Year)

7-AGE, 55 yrs. 5 mos. 29 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tool Grinder
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Schaal

(Address) 2034 Huntingdon St

15-Filed APR 4 - 1916, 191.... HARRY O ANDREWS Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Found dead in bed at 210 W Camden St
(Apoplexy Chronic)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ....

(Duration) ..... yrs. ..... mos. ..... ds.

Signed) Edw Gaenslen M. D.
(Coroner.)

3/3, 191.6 (Address) 847 South St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 5, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

C93844

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93844

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1411 Gail St. ST.; 20 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lottie LeBauer

(Residence in Baltimore: No. 2017 Penrose Ave (Mistress or Wife of) Yrs. 35 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... 10 (Month) — 20 (Day), 1867 (Year)

7-AGE, 48 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Factory Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt Factory

9-BIRTHPLACE, (State or Country), Centerville Md

PARENTS.

10-NAME OF FATHER, F. Brown

11-BIRTHPLACE OF FATHER (State or Country), Queen Annes Co Maryland

12-MAIDEN NAME OF MOTHER do not Know

13-BIRTHPLACE OF MOTHER (State or Country), Queen Annes Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas Hallams

(Address) 2017 Penrose ave

15- Filed APR 4 - 1916 MARY O ARNOLD, 19 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 1 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to April 1 1916, that I saw h er alive on April 1 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

1st Intestinal Obstruction due to
Sarcoma of Intestines
Exhaustion Marasmus

(Duration) .....yrs.....mos. ?....ds.

CONTRIBUTORY (Secondary) Cancer Dilatation of
Stomach (Duration) .....yrs.....mos.....ds.

(Signed) C. W. Mayer M. D.

April 1, 1916 (Address) Bell Air Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2017 Penrose Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	April 4, 1916
20-UNDERTAKER	**ADDRESS**
John J Fahey & Son	1318 Eighth st

C93845

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

C93845

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2440 Frederick Ave St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Mary Katherine Dickel

(Residence in Baltimore: No. 2440 Frederick ave St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
Female	White	Single

6-DATE OF BIRTH Feby 11th (Month) (Day), 1916 (Year)

7-AGE ..... yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Samuel Dickel

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER John Gallmeyer

13-BIRTHPLACE OF MOTHER (State or country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Dickel

(Address) 2440 Fred'k Ave.

15- Filed APR 4 - 1916, 191 MARRY O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1916, to April 3 1916, that I saw h[illegible] alive on April 2, 1916, and that death occurred, on the date stated above, at 7-[illegible] m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) ..... yrs. 1 mos. 23 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) W A Russell M. D.

Apr 3, 1916 (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL APR 4 - 1916

20-UNDERTAKER Leo R Gerber

ADDRESS Balto & Payson St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93846

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93846

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George King

(Residence in Baltimore: No. St. Paul St

St.; 4 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	colored	Single

6-DATE OF BIRTH, ... Dec (Month) ..... 19 (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, 2.

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER 2.

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 4 - 1916 Filed....., 191... Burial Permit Issued.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 1 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1914, to Apr 1 1916, that I saw h... alive on Apr 1 1916, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... M. D.

Apr 2, 1916 (Address) 1616 London Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 11 mos. ..... ds. In the State 4 yrs. 3 mos. 12 ds.

Where was disease contracted, if not at place of death? Previous to admission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93847 C93847

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Frostman ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazie Henson

(Residence in Baltimore: No. 1424 Frostman St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Mar. 29, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Charles Henson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Josephine Ross

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. K. Gahan

(Address) Mercy Hospital

15- Filed APR 4 - 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to April 3 1916, that I saw h[er] alive on Apr. 1 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Toxic
Malnutrition

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) 3 yrs....mos....ds.

(Signed) Edward P. Smith M. D.

Apr. 3, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs....mos. 7 ds. In the State ....yrs....mos. 4 ds.

Where was disease contracted, if not at place of death? 1424 Frostman

Former or usual residence 1424 Frostman

19-PLACE OF BURIAL, OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, APR. 3 - 1916, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

C93848

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C93848

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1535 Division St. ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emily Cuyler

(Residence in Baltimore: No. 1535 Division St. St.; 68 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Colored	married

6 DATE OF BIRTH Unknown (Month), (Day), 1848 (Year)

7 AGE 68 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Bunton

(Address) 1346 Carey st

15 APR 4 - 1916 Filed, 191 MARET O ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1916, to April 2 1916, that I saw h[illegible] alive on April 1, 1916, and that death occurred, on the date stated above, at 11 a m. The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY) Double Hemiplegia

Cerebral Hemorrhage.

(Duration) 1 yrs. mos. 4 ds.

(Signed) Jno Etzwiler M. D.

Apr 4, 1916 (Address) 708 N Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 4, 1916
20 UNDERTAKER James H Dunn	ADDRESS 133 Pennsylvania

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93849 HEALTH DEPARTMENT—CITY OF BALTIMORE C93849

CERTIFICATE OF DEATH. 91

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 935 Park Ave ST.; 11 WARD)

2-FULL NAME Ethel Eubanks (Eubanks)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 935 Park Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feb. 22, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 1 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wish Eubanks

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ann Morland

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wish Eubanks

(Address) 935 Park Ave

15- APR 4 - 1916 MARY O ANDREWS,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 191 6 to April 3rd 191 6, that I saw h.. alive on April 2nd 191 6, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial - Pneumonia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Jno. Chenoweth M. D.

4/3, 191 6. (Address) 922 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 4, 191 6
20-UNDERTAKER John A. Bishop	ADDRESS 1107 Harlem Ave

93850

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93850

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N Lexington St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Dove

(Residence in Baltimore: No. 920 N Lexington St.; 7 yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: June (Month) 23 (Day), 1846 (Year)

7-AGE: 69 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 328

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Benjamin Dove

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Caulk

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Julia Dove

(Address): 920 N Lexington St

15- APR 4 - 1916 Filed ....., 191.... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1912, to, April 1 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Parenchymatous nephritis

(Duration) 3 yrs. 5 mos. 6 ds.

Contributory (SECONDARY): (a) General debility

(Duration) 1 yrs. mos. ds.

(Signed), Bernard Grant M. D.

4-7, 1916 [Address] 1746 Lemmon St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: April 4 1916

20-UNDERTAKER: John F Fields

ADDRESS: 1220 N Fremont st

IMPORTANT is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93851

CERTIFICATE OF DEATH.

15 C93851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Follette

(Residence in Baltimore: No. University Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 28 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 4 ds.

If LESS than 1 day, ...hrs. or. 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Julius Follette

11-BIRTHPLACE OF FATHER (State or Country) South Carolina

12-MAIDEN NAME OF MOTHER Sallie Meade

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 4 - 1916 MARRIED INFANTS

Filed..... 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-1 1916, to 4-1 1916, that I saw h[illegible] alive on 4-1 1916, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. L. Burke M. D.

4-3, 1916 (Address) Union Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

UNIVERSITY OF MARYLAND APR 5 1916

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93852

CERTIFICATE OF DEATH.

64

C93852

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1716 Thames. ST.; V WARD)

REGISTERED NO. C.....

2-FULL NAME Elizabetta Reimann.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1716 Thames. St.; 51 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June 15 (Month) (Day) 1847 (Year)

7-AGE, 68 yrs. 7 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Dresser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Hugo Reimann.....

(Address)...1716 Thames St.....

15-

Filed APR 4 - 1916 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 7, 1915, to April 2 1916, that I saw h[illegible] alive on April 2, 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerbral Hemorrhage

Onset Sept 7/15

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Bastwell M. D.

April 3, 1916 (Address) 2927 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 5, 1916

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

C93853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C93853

PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Chapel ST.; V WARD)

REGISTERED NO. C

FULL NAME Henry Kleiber.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 307 S. Chapel St.; 46 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 5th (Month) (Day), 1830 (Year)

7-AGE, 85 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 43
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick K. Leiber

(Address) 307 S. Chapel St

15- APR 4 - 1916 HARRY O INGREWS,

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 21 191 6, to April 1 191 6

that I saw him alive on April 1 191 6,

and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

(a) Ca Stomach

(b)

(c)

(d) (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Geo. Keller M. D.

4-3, 191 6 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, April 4, 1916

20-UNDERTAKER Lilly Zeiler — ADDRESS 403 S. Wolfe St.

Sp[illegible]—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93854 C93854

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Chappel

(Residence in Baltimore: No. 3028 Brighton St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, January (Month) 4 (Day), 1854 (Year)

7-AGE, 62 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician 223
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N.Y.

PARENTS.

10-NAME OF FATHER, Alan Chappel

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Maria Bond

13-BIRTHPLACE OF MOTHER (State or Country). N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- APR 4 - 1916 DEPT OF HEALTH
Filed ....., 191... Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar. 30 1916 to Apr. 4 1916, that I saw h[illegible] alive on Apr. 4 1916, and that death occurred, on the date stated above, at 1:20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) G. Blue Moore M. D.

Apr 4, 191 6. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos. [illegible] ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 3028 Brighton St.

19-PLACE OF BURIAL OR REMOVAL. Washington D.C. DATE OF BURIAL, April 6, 191 6.

20-UNDERTAKER Wm Cook ADDRESS 501 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

C93855

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93855

CERTIFICATE OF DEATH.

×92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD) 9th

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James Fortune

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ...April.... (Month) ....2.... (Day) 1866 (Year)

7-AGE, 50 yrs. .... mos. .... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Coal heaver
(b) General nature of industry, business, or establishment in which employed (or employer)..... 633

9-BIRTHPLACE, (State or Country) Colgate Creek Md.

PARENTS.

10-NAME OF FATHER, Don't Known

11-BIRTHPLACE OF FATHER (State or Country), Don't Known

12-MAIDEN NAME OF MOTHER Don't Known

13-BIRTHPLACE OF MOTHER (State or Country), Don't Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Hardy

(Address) Johns Hopkins Hospital

15- Filed APR 4 1916, 191.... EARNEST G [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 2 1916, that I saw him alive on April 2 1916, and that death occurred, on the date stated above, at 4 10 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (acute Lobar)

(Duration) ....yrs. ....mos. 4 da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....da.

(Signed) W. Mason M. D.

Apr. 3..., 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 da. In the State 50 yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Colgate Creek, Md

19-PLACE OF BURIAL OR REMOVAL, Westview — DATE OF BURIAL, April 4, 191...

20-UNDERTAKER Wm. H. Chase Inc — ADDRESS 420 Madison

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93856 92 C93856

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 Ryan ST. 21 WARD)

2-FULL NAME Ella Roberts

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 912 Ryan St. St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 30th, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work At home

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Agnes. Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Moseley

(Address) 912 Ryan St.

15- APR 4 - 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to April 2 1916, that I saw h... alive on 4 2 1916, and that death occurred, on the date stated above, at 2^0 m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis
2. Uremia
3. .....

..... (Duration) ...yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Stokes

..... (Duration) .....yrs. 2 mos. .....ds.

(Signed) Shepherd Brown M. D.

....., 191... (Address) 220 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Wed. 5th, 1916.

20-UNDERTAKER John Heaman Son ADDRESS 901 Hollins

C93857

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C93857

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1114 W Lafayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jones

(Residence in Baltimore: No. 1114 W Lafayette St.; 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December 22 (Month) (Day) 1850 (Year)

7-AGE: 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Fred Johnson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Angeline Hall

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Harris

(Address) 1114 W. Lafayette St

15- APR 4 - 1916 Filed ..... 191.. C. BERT KRAETER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1916, to, April 1 1916, that I saw h.. alive on April 0 191.., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..... yrs ..... mos 10 ds.

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs ..... mos 10 ds.

(Signed) C. H. Hooker M. D.

April 3 1916 [Address] 712 Fayette Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 4/4 1916

20-UNDERTAKER: Samuel T Hemsley — ADDRESS: 578 W Baltimore

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93858

CERTIFICATE OF DEATH.

151 C93858

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infnt Asy ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Craver.

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February (Month) 9th (Day), 1916 (Year)

7-AGE,	If LESS than 1 day.
yrs. 1 mos. 22 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

15- Filed APR 4 - 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to March 31st 1916, that I saw her alive on March 31st 1916, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Mal-assimilation

(Duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles O'Donovan M. D.

April 2., 1916. (Address) 1 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. 1 mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	April 4th 1916
20-UNDERTAKER	ADDRESS
M. Fahey & Son	604 Lafayette Av

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93859 151 C93859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant Asy ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Richards

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 27 (Day), 1916. (Year)

7-AGE, ...yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....none....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr Superior

(Address) 401 Lanvale St

15- Filed APR 4 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 1 1916, that I saw him alive on April 1 1916, and that death occurred, on the date stated above, at 6 00 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. O'Donovan M. D.

April 3, 1916. (Address) 31 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 4, 1916
20-UNDERTAKER	ADDRESS
N Fahey & Sons	26 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Dabney C93860

CERTIFICATE OF DEATH.

28 C93860

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Lafayette Ave St.; 17 WARD)

2-FULL NAME Ella May Skinner

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 707 W Lafayette Ave St.; Life yrs, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, December (Month), (Day), 1894 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, George H Skinner

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER Susie E McCarthy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie E Skinner

(Address) 707 W Lafayette Ave

15- APR 4 - 1916 Filed....., ..., 191.....

ROBERT J. BRADER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 18th 1916, to April 27 1916, that I saw her alive on April 15 1916, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) About 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) About 6 mos. ds.

(Signed) Wm. M. Dabney M. D.

April 2nd, 1916. (Address) Prof. Bldg Baltimore Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	Apr 5, 1916
20-UNDERTAKER	ADDRESS
A Fahey & Sons	606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93861 C93861

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Pulaski ST.; 16 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie May Colley

(Residence in Baltimore: No. 610 N. Pulaski St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 3rd, 1916.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Louis Edwin Colley.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lottie Mabel Colley.

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard A. Lehart M.D.

(Address) 701 N. Lanvale St.

15- APR 4 - 1916 Filed ....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3rd 1916, to April 3rd 1916, that I saw h[illegible] alive on April 3rd 1916, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Prematurity

1 mos.

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard A. Lehart M. D.

April 4 1916. (Address) 701 N. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL, April 4th, 1916.

20-UNDERTAKER Leo L. Schwab ADDRESS, 2101 Fred'k. Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93862

89 093862

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Price St. ST.: 17 WARD)

2-FULL NAME Frank E. Thomas

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 611 Price St.; 30 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: April (Month) 20 (Day), 1880 (Year)

7-AGE: 30 yrs. 11 mos. 2 ds. If LESS than 1 day, ½ hrs., or ½ min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Teamster on truck
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Dry Goods

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John H Thomas

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lydia Curtiss

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. John H. Thomas

(Address) 611 Price St

15- APR 4 - 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... (Month) ..... (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191.., to, ..., 191....., that I saw h... alive on ....., 191....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

..... (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) General Breakdown

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed), Edward J. Ewell M. D.

Dec 31, 191.. [Address] 711 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: April 5 1916

20-UNDERTAKER: Edw B. Pye.

ADDRESS: 102 S. Mulberry St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93863

CERTIFICATE OF DEATH.

34 C93863

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Cole

(Residence in Baltimore: No. 566 Presstman St ST.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH: September (Month) 28 (Day), 1885 (Year)

7-AGE.	If LESS than 1 day,
30 yrs. 6 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Mose Scott

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ella Willis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- APR 4 - 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 28 1916, to Apr. 3 1916, that I saw h[illegible] alive on Apr. 3 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

"T. B" of Right Tube

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

(Duration) ..... yrs. ? mos. ..... ds.

(Signed) G. K. Rhodes M. D.

Apr. 3, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 ds. In the State 21 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 566 Presstman St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, April 6 1916.

20-UNDERTAKER Fabb B. Pope — ADDRESS 102 L Mulberry

Important: See instructions on back of Certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93864 151 C93864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2402 Williams Ave ST.; 20 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Crisp,

(Residence in Baltimore: No. 2402 Williams Ave St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, April 3rd, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 7 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER, Chester Crisp

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Crisp

(Address) 2402 Williams Ave

15- Filed APR 4 - 1916 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs....mos....ds.

(Signed) Sam'l Klunkis M. D.
(Coroner)

April 4th, 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	April 4, 1916

20-UNDERTAKER F. B. Waterfield ADDRESS 2238 Fremont Ave

important. See instructions on back of certificate.

C93865

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 C93865

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Pulaski St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Burgland

(Residence in Baltimore: No. 615 Pulaski St.; yrs. mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH March 25th, 1916 (Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work -None-
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Fred'k W. Burgland

11-BIRTHPLACE OF FATHER (State or country) Essex County Va

12-MAIDEN NAME OF MOTHER Florence M Hamm

13-BIRTHPLACE OF MOTHER (State or country) Canada N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) "Fred'k W. Burgland"

(Address) 615 S. Pulaski St

15- APR 4 - 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to, April 3 1916, that I saw h[illegible] alive on April 3 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia and
Influenza
Duration: ..... yrs ..... mos. 9 ds.

Contributory (SECONDARY) .....
Duration: ..... yrs. ..... mos. ..... ds.

(Signed) J. Thomas Nelson M. D.

April 3 1916 [Address] 1103 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Westview Cemetery. DATE OF BURIAL April 6 1916

20-UNDERTAKER F. D. Heffner ADDRESS 2238 Fred'k Ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93866

CERTIFICATE OF DEATH.

92 C93866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter D. Wilson

(Residence in Baltimore: No. 1600 Eutaw Place, St.; .....yrs., 3 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Aug 9, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 655

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, Samuel Wilson

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Emma Drinkwater

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice May Wilson

(Address) 1600 Eutaw Place.

15-APR 4 - 1916 Filed....., 191.... ROBERT , KRAUTHER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to Apr 4 1916, that I saw him alive on Apr. 4 1916, and that death occurred, on the date stated above, at 7.35 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) Harold L. Amos M. D.

Apr. 4, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 33 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1600 Eutaw Place

Former or usual residence 1600 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL, Forest Newmarket, Mass. DATE OF BURIAL, April 5, 1916.

20-UNDERTAKER C. E. Stopford ADDRESS 2330 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93867

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93867

CERTIFICATE OF DEATH.

79 21

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1202 Carroll ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl J. Kraft.

(Residence in Baltimore: No. 1202 Carroll St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, May 16th, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 328

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Assenkemper

(Address) 1202 Carroll St

15-APR 4 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to April 3 1916, that I saw him alive on April 3 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Genital Cystema

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Arthur E. Muse M. D.

April 4, 1916 (Address) 1528 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	April 5th, 1916.
20-UNDERTAKER Charles W. Dill	ADDRESS 3109 Frederick Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93868

CERTIFICATE OF DEATH.

91 C93868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Durham ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Majchrzak.

(Residence in Baltimore: No. 705 S. Durham St.; 1 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 12" (Day), 1914 (Year)

7-AGE, 1 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George F. Majchrzak

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Radzynska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Majchrzak

(Address) 705 S. Durham St.

15-APR 4 - 1916 Filed....., 191.... ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mch 27 1916, to Apl 3 1916, that I saw h[illegible] alive on Apl 1 1916, and that death occurred, on the date stated above, at 6 15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Apl 3, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	Apr. 5, 1916.
20-UNDERTAKER W. F. Sadowski.	ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

REGISTERED NO. C 93869

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Bergin

(Residence in Baltimore: No. Church Home & Infirmary St.; ....yrs., ...mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...July.... (Month) 27 (Day), 1860 (Year)

7-AGE, 55 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant proprietor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John M. Bergin
(Address) Meadville Penna

15-
Filed APR 4 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April.... (Month) 4th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 4th 1916, that I saw him alive on April 3rd 1916, and that death occurred, on the date stated above, at 3 A m.
The CAUSE OF DEATH* was as follows:

....Broncho Pneumonia....
....Chronic Nephritis....
.... (Duration) Duration Unknown ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) ....Uraemia....
.... (Duration) ....yrs. ....mos. 7 ds.
(Signed) ....Horace Byers....M. D.
4/7/16, 191... (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 7 ds. In the State — yrs. — mos. 10 ds.
Where was disease contracted, if not at place of death? —
Former or usual residence Meadville, Penna

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Meadville Penna	Apl 6th, 191 6.
20-UNDERTAKER H. E. Hughes	ADDRESS 17 S. Broadway

093870

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150 093870

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2103 Hilton St ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant Son of Edw'd & Anna M Kerr

(Residence in Baltimore: No. 2103 Hilton St ST. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Apr 4, 1916 (Month) (Day) (Year)

7 AGE — yrs. — mos. — ds. If LESS than 1 day, 8 hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md. Balto City

PARENTS

10 NAME OF FATHER Edw A Kerr.

11 BIRTHPLACE OF FATHER (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Anna M. McGinity

13 BIRTHPLACE OF MOTHER (State or country) Balto. Co, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward A Kerr

(Address) 2103 Hilton St, Balto, Md

APR 4 - 1916

Filed ....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from on Apr 4 4.35 P.M. 1916, to Apr 4 1. P.M. 1916, that I saw h.. alive on Apr 4 - 10 A.M. 1916, and that death occurred, on the date stated above, at 12, m.

The CAUSE OF DEATH* was as follows:

Infant Premature Birth

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Asphyxia.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wesley Cole M. D.

Apr 4 - 1916 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cathedral Cem. DATE OF BURIAL April 5, 191..

20 UNDERTAKER Chas P. Evans & Son ADDRESS 811 W Mt Royal Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93871 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C93871

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1034 S Charles St ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ursula Blank

(Residence in Baltimore: No. 1034 S Charles St 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Frmale	White	Widow

6-DATE OF BIRTH, ... Jan (Month) ..... 13 (Day) ....., 1845 (Year)

7-AGE, 71 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Egle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Blank .....

(Address)..... 1034 S Charles St .....

15. APR 4 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.... Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... Inquiry (Inquest, autopsy or Inquiry.) .....find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....Apoplexy.....

.....Sudden.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner.)

April 3, 1916. (Address).... 517 Scott St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. C.C.	April 5, 1916
20-UNDERTAKER	ADDRESS
P.P. McGlynn	1425 Light

important. See instructions on back of certificate.

C93872

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 C93872

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1208 N Schroeder ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Newton Allen

(Residence in Baltimore: No. 1208 N. Schroeder St.; 2 yrs. 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH Dec 03, 1867 (Month) (Day) (Year)

7-AGE 48 yrs. 3 mos. 3 ds. If LESS than 1 day, ... hrs., or 4 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Frank Newton

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Elizabeth Bayer

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cassie Newton

(Address) 120 N Schroeder St

15- APR 4 - 1916 Filed ..... 191.. ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1915, to, Mar 2 1916, that I saw h.. alive on Mar 2 1916, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

2 (Duration) yrs. 5 mos. 6 ds.

Contributory (SECONDARY) Myocarditis Aortic Stenosis

(Duration) ... yrs ... mos. ... ds.

(Signed), Bernard Sweet M. D.

Apr 2nd 1916 [Address] 1757 Eutaw Pl

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Apr 5 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W Fayette

TION is very important. See instructions on back of certific

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C93873

CERTIFICATE OF DEATH.

151 C93873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cutler

(Residence in Baltimore: No. 151 N. Height St.

St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	

6-DATE OF BIRTH, Apr. (Month) 4 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 6 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Benjamin Cutler

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Crupled.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas K Gahuse

(Address) Mercy Hospital

15- Filed APR 4 - 1916, 191.... ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 4 1916, to Apr. 4 1916, that I saw h[illegible] alive on Apr. 4 1916, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration).....yrs.....mos.....ds.

(Signed) Edward Sauer M. D.

Apr. 4, 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cem. DATE OF BURIAL, Apr. 7, 1916.

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93874

CERTIFICATE OF DEATH. 151

C93874

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cutler

(Residence in Baltimore: No. 151 N. Eutaw St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	

6-DATE OF BIRTH, Apr. 4, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 4½ hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Cutler

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Cutsled

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas K. Gahan

(Address) Mercy Hospital

15- Filed APR 4 - 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 4 1916, to Apr. 4 1916, that I saw him alive on Apr. 4 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Malnutrition

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration)....yrs....mos....ds.

(Signed) Edward A. Smith M. D.

Apr. 4, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cem. DATE OF BURIAL, April 4, 191..

20-UNDERTAKER H. Lipman & Bro. ADDRESS 1107 E Balto St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93875 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 C93875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Russell ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Watts

(Residence in Baltimore: No. 1122 Russell St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Dont Know (Month) (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Simpson

(Address) 1122 Russell St

15- FILED APR 5 - 1916, 191[illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 2 1916, that I saw h[illegible] alive on April 2 191 and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

(a) Cancer of Stomach

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. 3 mos. ds.

(Signed) Chas H Flournoy M. D.

April 4., 1916 (Address) 711 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Zion	April 5., 1916
20-UNDERTAKER John H Owens	ADDRESS 1122 Druid Hill Ave

Important. See instructions on back of certificate.

C93876

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C93876

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1715 Latrobe ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gertrude H Johnson

(Residence in Baltimore: No. 1715 Latrobe St. St.; 42 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	Colored	married

6 DATE OF BIRTH Feb 14, 1869 (Month) (Day) (Year)

7 AGE 47 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Putty Hill - Md.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Dont Know.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel W. Rheinbottom

(Address) 1715 Latrobe St

Filed APR 5 - 1916 191.....

MARK O ADLER
Marial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1916, to April 3 1916 that I saw h.r alive on April 3, 1916 and that death occurred, on the date stated above, at 12.30a. m.
The CAUSE OF DEATH* was as follows:

Acute Indigestion

3 hours
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Paralysis of heart, 10 min

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Munoz M. D.

April 4, 1916. (Address) 1809 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cem DATE OF BURIAL APR 5 1916 ,191

20 UNDERTAKER John H Owens ADDRESS 1122 Division St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93877

HEALTH DEPARTMENT---CITY OF BALTIMORE

91

C93877

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 417 St. Paul Street ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robertson

(Residence in Baltimore: No. 417 St. Paul St. St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single.

6-DATE OF BIRTH ..... (Month) ....., (Day) 1838 (Year)

7-AGE 81 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Blair Gowrie Scotland

PARENTS

10-NAME OF FATHER: Robert Robertson

11-BIRTHPLACE OF FATHER (State or country): Blair Gowrie, Scotland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Franklin E. Felton

(Address) 417 St. Paul Street

15- Filed APR 5 - 1916, 191- HARRY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January, 1916, to, April 1st 1916, that I saw him alive on April 2nd 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Senility unknown

(Duration) yrs. mos. ds.

(Signed) M C Pruett M. D.

April 4th, 1916. [Address] 1035 N. Calvert St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	4/5/16, 191

20-UNDERTAKER	ADDRESS
Henry W. Meares & Son	105 N. Calvert St.

TION is very important. See instructions on back of certific

C93878

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93878

CERTIFICATE OF DEATH

150

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 418 S. Monroe St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Goldberg

(Residence in Baltimore: No. 418 S. Monroe St.; 3 yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6-DATE OF BIRTH: Nov. 1st, 1912 (Month) (Day) (Year)

7-AGE: 3 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Md

PARENTS

10-NAME OF FATHER: Harry Goldberg

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Sarah Goldress

13-BIRTHPLACE OF MOTHER (State or country): Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Goldberg

(Address) 418 S. Monroe St

15- APR 5 - 1916 Filed ....., 191.....

HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1914, 191 6, to March 4th 191 6, that I saw h[illegible] alive on 4th 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) since birth

Contributory (SECONDARY) Heart failure

(Duration) [illegible] yrs. [illegible] mos. 1 ds.

(Signed) Harry Goldberg M. D.

4-5-, 1916. (Address) 2031 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Blvd — DATE OF BURIAL: 4/5, 1916

20-UNDERTAKER: Jack Lewis — ADDRESS: E Balto St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93879

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E. Baltst ST.; 3 WARD)

REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Cohen

(Residence in Baltimore: No. 1609 E. Baltst St.; 19 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 7, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltst

15-APR 5 - 1916 HARRY O ANDREWS,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1914, to April 4 1916, that I saw h in alive on April 4 1916, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Chronic interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Anemia

(Duration) yrs. mos. 1 ds.

(Signed) R. G. Mielleson M. D.

April 5, 1916. (Address) 1420 C. Balto, Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mehren Rosedale

DATE OF BURIAL, 4-5, 1916

20-UNDERTAKER Jack Lewis

ADDRESS E Baltst

IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-24-14—M. & T.—2000 Bks.

C93880

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93880

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Greenmount ave ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ernest Becker

(Residence in Baltimore: No. 922 Greenmount Ave. St.; 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, Oct. (Month) 7 (Day), 1868 (Year)

7-AGE, 47 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elis Hamberger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Becker

(Address) 922 Greenmount Ave.

15- APR 5 - 1916 CLERK O[illegible]

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1915, to April 3 1916; that I saw him alive on April 3 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pylorus of stomach and splenic flexure

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) acute hysteritis

(Duration) yrs. mos. 4 ds.

(Signed) W. A. Nicholson M. D.

April 4, 1916 (Address) 1420 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 6, 1916.
20-UNDERTAKER	**ADDRESS**
H. C. Wedefield	847 Greenmount Ave

IMPORTANT.—SEE THAT DETAILS ON BACK OF CERTIFICATE.

C93881

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93881

28

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1403 N. Broadway ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Edward F. Shadrick

(Residence in Baltimore: No. 1403 N. Broadway St.; yrs., 60 mos. 3, 22 dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 11 (Day), 1855 (Year)

7-AGE, 60 yrs. 3 mos. 23 dys. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Richard Shadrick

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Amelia Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida Shadrick

(Address) 1403 N. Broadway

15-APR 5 - 1916 Filed....., 191.... CLERK OF BOARD, Burial Permit Clerk's Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. H. Stevens M. D. (Coroner.)

Apr. 4, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, April 5 1916

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

Important. See instructions on back of certificate.

C93882

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 C93882

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1427 Hull ST. 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME — Harry J. Reidy

(Residence in Baltimore: No. 1427 Hull St.: 2 yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 5th, 1913 (Month) (Day) (Year)

7 AGE: 2 yrs. 4 mos. ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) — Baltimore Md.

PARENTS

10 NAME OF FATHER — Michael Reidy

11 BIRTHPLACE OF FATHER (State or country) — Illinois

12 MAIDEN NAME OF MOTHER — Mary Foster

13 BIRTHPLACE OF MOTHER (State or country) Balto. Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Reidy

(Address) 1427 Hull St

APR 5 - 1916 Filed ....., 191.... MARY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 3rd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1916, to April 3 1916, that I saw h.. alive on April 3, 1916, and that death occurred, on the date stated above, at 11-40 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Measles

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C Mullett M. D.

April 4, 1916 (Address) 1279 Hillman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: April 5, 1916

20 UNDERTAKER: Wm. J. E. Evans Son — ADDRESS: 1428 E. Chase St.

...ATE should be stated EXACTLY. PHYSICIANS should ...e properly classified. Exact statement of OCCUPATION ...e. state CAUSE OF DEATH in plain terms, so that it may be p... is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93883

CERTIFICATE OF DEATH

131

C93883

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 223 Warren Ave ST. 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Belle Mills

(Residence in Baltimore: No. 223 Warren Ave St.: Lafayette Ave ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Feb. 9, 1868 (Month) (Day) (Year)

7 AGE: 48 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Levin Granger

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Joyner

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harrison C. Mills

(Address) 223 Warren Ave

15 Filed APR 5 - 1916, 191.... HARRY O ROBERTS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 2 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1916 to April 2 1916, that I saw h[illegible] alive on April 2, 1916, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Fecal, and vesical fistula, following, an Operation for the removal of a Dermoid Cyst of Ovary. Tumor known 6 mos. 15 yrs. ago

(Duration) 16 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Asthenia, & general weakness

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno. Wheeler M. D.

April 4, 1916. (Address) 108 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: APR 5 - 1916

20 UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93884

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93884

CERTIFICATE OF DEATH

81

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2401 Lenden Av ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda M Thornton

(Residence in Baltimore: No. 2401 Lenden Av. St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widowed

6-DATE OF BIRTH: Feb (Month) 4 (Day), 1829 (Year)

7-AGE: 87 yrs. — mos. 30 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Henry Thornton

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Catherine Waters

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. D. Ward

(Address) 2401 Lenden

15- APR 5 - 1916, 191 MARKET & ANDREWS, Burial Permit Clerks

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1916, to, Apr 3 1916, that I saw h.. alive on Mar Apr. 3 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Bronchitis

Cardiac Syncope - Sudden

(Duration) yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) W J Riley M. D.

Apr 4, 1916. [Address] 1639 Bunday

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: APR 6 - 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light St

TION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

C93885

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93885

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Knight

(Residence in Baltimore: No. 1511 Preston St.: 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
21 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Augustus Knight

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Davis

(Address) 1511 W Preston St

15 APR 5 - 1916 Filed ....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 4 1916, that I saw h.r alive on April 4, 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Colon Bacillus

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) ..... yrs. 7 mos. 14 ds.

(Signed) C. R. Moses M. D.

April 5, 1916 (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 days In the State 21 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1511 Preston St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Randallstown Md	4/6 1916

20-UNDERTAKER	ADDRESS
Chas L Stansbury	578 Mill

Registrar. Use instruction on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93886

C93886

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (NO. ..... ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fisher

(Residence in Baltimore: No. 2124 S Charles St ..... St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1860
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Jr
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Night Watchman

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Louis Fisher

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Crum

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Tisdall

(Address) 12 N. Clinton St

15- APR 5 - 1916 Filed ....., 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 2 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 2 1916, that I saw h in alive on April 2 1916, and that death occurred, on the date stated above, at 5 50 p m.

The CAUSE OF DEATH* was as follows:

..... Chronic interstitial Nephritis .....

..... (Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Chronic Myocarditis with hypertrophy and dilatation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Apl 2, 1916. (Address) ..... Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 56 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2124 S Charles St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	April ....., 1916
20-UNDERTAKER John C Moran	ADDRESS Bank & Arunah

Important. See instructions on back of certificate.

C93887

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93887

CERTIFICATE OF DEATH.

17 4

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reverdy Hall.

(Residence in Baltimore: No. 614 N. Washington St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.)
Male.	White	Widower

6-DATE OF BIRTH, November (Month) 12 (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 4 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer): 311

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C. Hall.

(Address) 614 N. Washington St

15- APR 5 - 1916 Filed....., 191... Burial Permit Given

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - Fall down elevator shaft

Fracture skull

(Duration) yrs. 1 hour mos. ds.

CONTRIBUTORY (Secondary) Internal injuries

(Duration) yrs. mos. ds.

(Signed) Hobart Chamberlain M. D. (Coroner.)

April 4, 1916. (Address) 1. E. W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 206 N Holliday St

Former or usual residence 614 N Washington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cem	April 6 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93888

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

C93888

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Laurens St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Clara Thomas

(Residence in Baltimore: No. 1205 Laurens St. St.; 1 yrs., 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug (Month) 7 (Day), 1914 (Year)

7-AGE, 1 yrs., 7 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John B. Thomas

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ethel Bane

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Thomas

(Address) 1205 Laurens St

15-

Filed APR 5 - 1916, 191.... Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2d 1916, to April 3d 1916, that I saw her alive on April 3d 1916, and that death occurred, on the date stated above, at 7:00 P.m.

The CAUSE OF DEATH* was as follows:

1. Broncho-Pneumonia

(Duration) — yrs. — mos. 32 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Maurice F. Shannon M. D.

April 4, 1916 (Address) 578 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Apl 5, 1916.

20-UNDERTAKER Wm J. Dickneider ADDRESS 1001 North Penna

Important. See instructions on back of certificate.

C93889 HEALTH DEPARTMENT--CITY OF BALTIMORE 92 C93889

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 617 W. Conway ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Smith

(Residence in Baltimore: No. 617 W. Conway St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: ~~Apr~~ Oct 30 (Month) 3 (Day), 1843 (Year)

7-AGE: 72 yrs. 5 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Deputy Warden 78
(b) General nature of industry, business, or establishment in which employed (or employer): City Jail

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Chas W. Smith

11-BIRTHPLACE OF FATHER (State or country): NY

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Smith

(Address) 617 W Conway

15. Filed APR 5 - 1916, 191 — ROBERT O ANDERS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1916, to, Apr 3 1916, that I saw h~~im~~ alive on Apr 3, 1916, and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Double Lobar pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Heart Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Robert W Mufflin M. D.

Apr 4, 1916 (Address) 1016 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Apr 6, 1916

20-UNDERTAKER: W M Fickus — ADDRESS: North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93890

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93890

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Mulliken ST.; 5 WARD) REGISTERED NO. C

2-FULL NAME Thomas B. Brann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1414 Mulliken Av. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1865 (Year)

7-AGE, 50 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House 218
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country): Wilmington Del.

PARENTS.

10-NAME OF FATHER, Brann

11-BIRTHPLACE OF FATHER (State or Country): Wilmington Del.

12-MAIDEN NAME OF MOTHER Annie

13-BIRTHPLACE OF MOTHER (State or Country): Wilmington Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie L. Ledoux

(Address) 1414 Mulliken Av.

15- Filed APR 5 - 1916 MARKET O ANDREWS, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1916, to April 3 1916, that I saw him alive on April 2 1916, and that death occurred, on the date stated above, at 12.00 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Irvin Ehrich M. D.

April 4, 1916. (Address) 714 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 5th, 1916.

20-UNDERTAKER Philip Herwig ADDRESS Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93891

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93891

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16½ Presstman ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Crowner

(Residence in Baltimore: No. 16½ Presstman St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 2, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Gray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 1303 Presstman St.

15- APR 5 - 1916 BUREAU OF VITAL STATISTICS, Filed ..... 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 4 1916, that I saw her alive on April 4 1916, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(7 days under this)

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. Brent Rhetts M. D.

April 5, 1916. (Address) 713 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Easton Shore Va

DATE OF BURIAL, APR 5 - 1916

20-UNDERTAKER JAMES H. DENNIS, ADDRESS 1303 PRESSTMAN ST.

Important. See instructions on back of certificate.

C93892

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93892

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Dover St. 21 WARD)

2-FULL NAME John Burley

(Residence in Baltimore: No. 745 Dover St.; 40 yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) ....., 1867 (Year)

7-AGE: 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Gabe Burley

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lottie Robison

(Address) 745 Dover St

15- APR 5 - 1916 Filed ....., 191 MARY O ARGREES, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1916, to, April 3 1916, that I saw h[illegible] alive on April 2 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Adenitis Pneumonia

Rheu (Duration) ..... yrs. ..... mos. 6 ds.

Contributory (SECONDARY) Rheumatism

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Harry Boyd M. D.

April 3, 1916 [Address] 602 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Sappington Md

DATE OF BURIAL: APR 5 1916

20-UNDERTAKER: James H Timms

ADDRESS: 1303 PRESSTMAN ST.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93893

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93893

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH U. S. Marine Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grover C. Williams

(Residence in Baltimore: No. U. S. Marine Hosp. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 18..... (Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman 2d
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) his statement on admission to Hospital

15- APR 5 - 1916 MABEL O. ANDREWS, Burial Permit Clerk
Registrar.

Important.—See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1916, to April 4 1916, that I saw him alive on April 4 1916, and that death occurred, on the date stated above, at 10.47 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. W. Vogel M. D.

April 4, 1916. (Address) U. S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Apl. 5, 1916
20-UNDERTAKER	ADDRESS
Chenault & Son	Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93894 HEALTH DEPARTMENT—CITY OF BALTIMORE C93894

CERTIFICATE OF DEATH. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Loudan Av ST.; 20 WARD) REGISTERED No. C

2-FULL NAME Frank P Wilson

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 208 Loudan Ave St.; 63 yrs., mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	widowed

6-DATE OF BIRTH, March 9 - [illegible] (Month), 1853 (Year)

7-AGE, 63 yrs. mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Distributer
(b) General nature of industry, business, or establishment in which employed (or employer): circulars 95

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Bralt

(Address) 208 Loudon Ave

15 APR 5 - 1916 Filed, 191. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 191 6, to April 3 191 6

that I saw him alive on April 2 191 6

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Contusion -

Cerebral Softening

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

Nephritis (Chronic)

(Duration) 1 yrs. mos. ds.

(Signed) Howard W Jam M. D.

April 4 191 6 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, April 6, 1916

20-UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

Important. See instructions on back of certificate.

C93895

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C93895

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 804 N. Parrish St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erma Elizabeth Hamilton

(Residence in Baltimore: No. 804 Parrish St St.; yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: Dec 21, 1913 (Month) (Day) (Year)

7-AGE: ..... yrs. 3 mos. 14 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: James Hamilton

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Olivia Randall

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olivia Randall

(Address) 804 N. Parrish St

APR 5 - 1916 Filed ..... 191 HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 1916 to April 3 1916, that I saw h[illegible] alive on April 2, 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital

Valvular Heart Disease

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Nelson M. D.

April 3, 1916 (Address) 1032 W Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: April 5, 1916

20-UNDERTAKER: Jno. N. Chase & Son | ADDRESS: 411 Holliday St

NOTE: Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+50 C93896

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St., 11 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bamberger.
(Residence in Baltimore: No. Md. Genl. Hospital St.; 1 yrs., mos. 13 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1914 (Year)

7-AGE, 1 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Co. Md.

PARENTS.

10-NAME OF FATHER, Herbert Bamberger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ernestine Weber

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert W. Bamberger

(Address) 501 Oakland Ave

15- Filed APR 5 - 1916 1916 HOMER T. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21st 1916, to April 3rd 1916, that I saw h...alive on April 3rd 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis.
(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus,
(Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.
April 3rd 1916. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence 501 Oakland Ave.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Loudon Park	April 4, 1916.
20-UNDERTAKER C. A. Weedefeld Jr.	ADDRESS Greenmount Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93897

CERTIFICATE OF DEATH.

28 C93897

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3750 Roosevelt ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Lingfeld

(Residence in Baltimore: No. 3750 Roosevelt St.; Life ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 30, 1884
(Month) (Day) (Year)

7-AGE: 31 yrs. 11 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Compounder 391
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor Business

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: John C. Lingfeld

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Mary Lear

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Lingfeld

(Address) 3750 Roosevelt St.

15- Filed APR 5 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1914, to April 3 1916, that I saw him alive on April 3 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

18 months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Howard W. Jones M. D.

April 5, 1916. (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: April 6th, 1916.

20-UNDERTAKER: Patrick F. Hannon — ADDRESS: 1911 N. Lombard St.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93898

CERTIFICATE OF DEATH.

105

C93898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Patterson Park Ave St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Walker Leverton

(Residence in Baltimore: No. 830 N. Patterson Park Ave St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, October 26, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home.....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Walker

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. B. Leverton

(Address) 830 N. Patterson Park Ave

15- APR 5 - 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1916, to April 4th 1916, that I saw h er alive on April 4th 1916, and that death occurred, on the date stated above, at 11, P, m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis

(Duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. B. Schwatka M. D.

4/5 1916 (Address) 822 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetary — DATE OF BURIAL, Apr. 7, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93899

CERTIFICATE OF DEATH.

120 C93899

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sheppard

(Residence in Baltimore: No. 612 S. Bradford St.; 46 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec (Month) 22 (Day), 1869 (Year)

7-AGE, 46 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Barnes.

(Address) 612 S. Bradford St.

15- Filed APR 5 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 4 1916, that I saw her alive on April 4 1916, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) yrs. mos. ds.

(Signed) W. H. Hamrick M. D.

April 4, 191.6 (Address) 1243 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel

DATE OF BURIAL, April 7, 1916

20-UNDERTAKER Zurbler & Zurbler

ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93900 66 C93900

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 329 E. 22nd. St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie R. Padgett

(Residence in Baltimore: No. 1822 N. Payson St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 17, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Maryland

PARENTS.

10-NAME OF FATHER, John H. Roberts.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Lillie L. Padgett.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred'k W. Macdees,

(Address) 618 Law Bldg.

15- APR 5 - 1916 Filed....., 191... ROBERT . BRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 5, 1916, that I saw her alive on April 5, 1916, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration) ..... yrs. ..... mos. 3 hrs. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. D. Morgan M. D.

April 5., 1916. (Address) 2 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, to La Plata, Md. DATE OF BURIAL, April 7, 1916

20-UNDERTAKER W. J. Fichtner & Son ADDRESS Lemmon St.

Important. See instructions on back of certificate.

Over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93901 C93901

CERTIFICATE OF DEATH.

108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St. Joseph Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Parker

(Residence in Baltimore: No. 537 N. Central Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Nov 24, 1890
(Month) (Day) (Year)

7-AGE, 25 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Mover

9-BIRTHPLACE, (State or Country), Balt City And

PARENTS.

10-NAME OF FATHER, Martin Parker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Fairfax

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Parker

(Address) 537 N. Central Ave

15-APR 5 - 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 1916, to April 4 1916, that I saw h.. alive on April 4 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonary
Acute Cerebral Meningitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) 5 yrs. mos. 3 ds.

(Signed) H. H. Warner M. D.

April 7, 1916 (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs....mos. 6 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 537 N Central Ave

Former or usual residence 537 N Central Ave

19-PLACE OF BURIAL OR REMOVAL, Eastern Cemetery — DATE OF BURIAL, April 7, 1916

20-UNDERTAKER Chas G Bailey — ADDRESS 54 E Jefferson St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Franzis Pazybyloka

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93902

CERTIFICATE OF DEATH.

79 C93902

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 502 S. Bradford ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franzis Pazybylska

(Residence in Baltimore: No. 502 S. Bradford St.: 40 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	widow

6-DATE OF BIRTH, August (Month) 15 (Day), 1848 (Year)

7-AGE, 67 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, Bogoslaw Rajda

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER, Marie Rosal

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Fabiszek

(Address) 728 S. Bond St.

15- APR 5 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1916, to April 3 1916, that I saw h[illegible] alive on April 2 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Arthemia

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

April 4, 1916 (Address) 722 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Apr. 6, 191.

20-UNDERTAKER Wm. F. Malone & Co. — ADDRESS 1618 Eastern

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93903

CERTIFICATE OF DEATH.

120 C93903

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Central Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruffo Salvatino

(Residence in Baltimore: No. 415 S Central Ave St.; 13 yrs., ~ mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, March 19, 1808
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. — mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Pietro Ruffo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Catherina Fraguni

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Ruffo

(Address) 415 S. Central ave

15- APR 5 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on March 30 191....., and that death occurred, on the date stated above, at 12-20 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents Cem	April 5, 191...
20-UNDERTAKER	ADDRESS
Kindell Murphy & Son	37 S Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93904

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1831 N Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Miller

(Residence in Baltimore: No. 1831 N Dallas St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1886 (Year)

7-AGE, 29 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hatter 655
(b) General nature of industry, business, or establishment in which employed (or employer): Store Keeper

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Christian A. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie M. Krauss

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Miller

(Address) 1831 N. Dallas st.

15- Filed APR 5 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 3 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mch 27 1916, to Apr 3 1916, that I saw him alive on Apr 3 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Samuel Fraser M. D.

Apr 3, 191.. (Address) 1926 E Jef. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	April 6th, 191.6
20-UNDERTAKER	ADDRESS
George F. Ruth	1735 Hayford ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93905

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C93905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Hanover ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine R. Kane

(Residence in Baltimore: No. 1406 Hanover St.; 34 yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) 30 (Day), 1881 (Year)

7-AGE, 34 yrs. 8 mos. 3 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Thomas Kane

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret K. Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Kane

(Address) 1406 Hanover St.

15- APR 5 - 1916 ROBERT . KRAUTHER, Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27th 1916, to April 3rd 1916, that I saw her alive on April 3rd 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) T. J. O'Donnell M. D.

April 4th 1916 (Address) 107 E. West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	April 6th 1916
20-UNDERTAKER	ADDRESS
P. J. McGuire Flynn	1422 Light St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93906

CERTIFICATE OF DEATH.

79 C93906

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 2 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Hopkins

(Residence in Baltimore: No. 1607 Aliceanna St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 9th, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Mariner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Tillie Olson

(Address) 1907 Alice Anna St

15- Filed APR 5 - 1916, 191.... ROBERT . KRAUTHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 29 1916, to April 3 1916, that I saw him alive on April 2 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Aortic Stenosis

..... (Duration) Unknown yrs. ... mos. ... ds.

(Signed) Ernest Eyth Regan M. D.

Apr 3, 191.6 (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1607 Aliceanna St.

Former or usual residence 1607 Aliceanna St.

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, April 6, 1916

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 East St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93907

CERTIFICATE OF DEATH.

92 C93907

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Matthews

(Residence in Baltimore: No. 13 Duncan alley St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb ....., 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 1 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos Youngs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Charlotte Bristol

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Hardy

(Address) Johns Hopkins Hospital

15- APR 5 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 20 1916, to Apr. 3, 1916, that I saw her alive on Apr. 3, 1916, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Mavon M. D.

Apr. 3, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 13 Duncan alley

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, April 6th, 1916.

20-UNDERTAKER, Harry A. Vodery ADDRESS 1725 Orleans St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93908

CERTIFICATE OF DEATH.

x 24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Gend 1102 ST.; 11 WARD)

REGISTERED NO. C

2-FULL NAME Geo W Hoffman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. Md Gen Hospital Dist St.; ...yrs. ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 27, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 014

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. Charles E Hoffman

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary E A Myres

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel M Hoffman

(Address) 524 E Main Street

15- Filed APR 6 - 1916, 191... HARRY O ROBBINS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to Apr 4 1916, that I saw him alive on Apr 4 1916, and that death occurred, on the date stated above, at 6.45 Pm

The CAUSE OF DEATH* was as follows:

Erysipelas

Jaundice

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ...yrs. ...mos. 1 ds.

(Signed) D M Hoffman M. D.

Apr 4, 1916 (Address) 524 E Main St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. Lifetime mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 25 n st Covington Ind

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 4/7, 1916

20-UNDERTAKER, H. Lauck — ADDRESS 502 E Fayette ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93909 80 C93909

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 N. Montford. ST.; 6 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Cullisons.

(Residence in Baltimore: No. 33 N. Montford St.; 25 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Oct 14, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 655
(b) General nature of industry, business, or establishment in which employed (or employer)..... Oyster Business

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER. Geo Cullison.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth A. Cullison

(Address) 33 N. Montford Av

15- Filed APR 6 - 1916, 191.. HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to April 4 1916, that I saw h[illegible] alive on 11 4 1916, and that death occurred, on the date stated above, at 11.20 P.m.

The CAUSE OF DEATH* was as follows:

Angina Pectaris

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Congestion of Lungs (Duration) yrs. 2 mos. ds.

(Signed) A. L. Hearn M. D.

April 14 191 6. (Address) 2607 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dale Island Cemetery Co Md. DATE OF BURIAL, April 7, 1916

20-UNDERTAKER Wm Cook & ADDRESS 507 E North

To M. R. Cullison. Via B. C. & A. R.R.

important. See instructions on back of certificate.

C93910 HEALTH DEPARTMENT--CITY OF BALTIMORE C93910

CERTIFICATE OF DEATH

18

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1416 Linden Ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Mitchell Ricaud

(Residence in Baltimore: No. 1416 Linden Ave St.; 19 yrs. 3 mos. 13 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH December 23rd 1896
(Month) (Day) (Year)

7 AGE 19 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Clerk - Mth 917
(b) General nature of Industry, business, or establishment in which employed (or employer) Mattingly & Co

9 BIRTHPLACE (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Lawrence Ricaud

11 BIRTHPLACE OF FATHER (State or country) Charlestown, Maryland

12 MAIDEN NAME OF MOTHER Emma Louise Mitchell

13 BIRTHPLACE OF MOTHER (State or country) Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice S. Parkhurst

(Address) 1410 Park Ave.

15 APR 6 - 1916 Filed ....., 191 HARRY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 6, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1916, to April 6 1916, that I saw him alive on April 6, 1916, and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Erysipelas, entire face
Lasting & extension from
high temperature (Duration) two weeks.

Contributory (SECONDARY) Infection from cut
entire drawing (Duration) two weeks ds.

(Signed), Alice S. Parkhurst M. D.
April 6th, 1916. (Address) 1410 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr. 7. 1916

20 UNDERTAKER	ADDRESS
E. M. Mitchell & Co.	1201 W. Fayette

C93911

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93911

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 941 N. Dallas ST.: 7 WARD)

2-FULL NAME John Fleckenstein

(Residence in Baltimore: No. 941 N. Dallas

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 65 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August 26th, 1825
(Month) (Day) (Year)

7-AGE, 87 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Fleckenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna E. Fleckenstein

(Address) 941 N. Dallas St.

15- APR 6 - 1916 HARRY O. ROBERTS, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin L. Turnbull M. D.
(Coroner.)

April 5, 1916 (Address) 15 E. N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 8, 1916
20-UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93912

CERTIFICATE OF DEATH.

92 C93912

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Penna ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John F. Pawley

(Residence in Baltimore: No. 1904 Penna Ave St.; 55 yrs. 7 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, ... Aug ..... (Month) 17 (Day), 1860 (Year)

7-AGE, 55 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Candy Mfg

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Fendley Pawley

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Carnes

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Pawley

(Address) 2729 Reisterstown Boulevard

15- Filed APR 6 - 1916, 191.... HARRY O ANDREWS Registrar. BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr ..... (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to Apr 5 1916, that I saw h[illegible] alive on Apr 4 1916, and that death occurred, on the date stated above, at 3:25 p.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E. William Frey M. D.

Apr 5, 191.6 (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Apr 7, 1916.

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1900 W. Nadon

important. See instructions on back of certificate.

C93913

HEALTH DEPARTMENT—CITY OF BALTIMORE

37

C93913

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No. 1018 Shields alley, ST. 17 WARD)

REGISTERED NO. C

1-FULL NAME Howard Bricen,

(Residence in Baltimore: No. 1018 Shields alley,

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, Unknown, (Month) ....., (Day) 1901 (Year)

7-AGE, 35 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Scowman, 504
(b) General nature of industry, business, or establishment in which employed (or employer)..... waterfront,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Frederick Bricen,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Kate ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bricen, son,

(Address) 1018 Shields alley,

15- FILED APR 6 - 1916, 191..... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Valvular heart disease,
(probably luetic)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick Hempel M. D.
(Coroner.)

April 5th 1916 (Address) 3310 W. North Av.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	April 6, 1916
20-UNDERTAKER Samuel Easton	ADDRESS 916 Pa Ave

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93914 28 C93914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Myrtle ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Turner

Residence in Baltimore: No. 502 Myrtle St.; 17 yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 14, 1897
(Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter 866
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor Store

9-BIRTHPLACE, (State or Country), md (City)

PARENTS.

10-NAME OF FATHER, Thomas Turner

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Armie Wilson Byers

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anabala Turner

(Address) 502 Meyrtle ave

15- APR 6 - 1916 Filed....., 191 Harold O Ahlers Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to April 2 1916, that I saw him alive on April 2. 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. 3 mos. ds.

(Signed) L L Lloyd M. D.

4. 4., 1916. (Address) 639 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem — DATE OF BURIAL, April 7., 1916

20-UNDERTAKER Daniel Eagan — ADDRESS 916 Pa ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 C93915

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Bantarby (Bambary)

(Residence in Baltimore: No. "University Hospital St.; ..... yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Bantarby

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jessie Bantarby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) Fords Store Md

15- APR 6 - 1916 HARRY O ARNOLD,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1916, to Apr 6 1916, that I saw him alive on Apr 5 1916, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Lobar Pneumonia

(Duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. ..... mos. ..... ds.

(Signed) M. Leander Jr. M. D.

Apr. 6, 1916. (Address) Union Town

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Fords Store Md

Former or usual residence Fords Store Md

19-PLACE OF BURIAL OR REMOVAL, Fords Store Md. DATE OF BURIAL, Apr. 6, 1916

20-UNDERTAKER Joseph L. B. Cook ADDRESS 100 W Balto St

important. See instructions on back of certificate.

over

C93916

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

69

C93916

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 W Conway ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John albert Senkus

(Residence in Baltimore: No. 626 W Conway St.: 16 yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: Sept 23, 1899 (Month) (Day) (Year)

7-AGE: 16 yrs. 6 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Senkus

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Eva Stankawicz

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Senkus

(Address) 626 W Conway

15. Filed APR 6 - 1916 491

HARRY O ARLEANS, Marial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1916, to April 5th 1916, that I saw h[illegible] alive on April 3rd, 1916 and that death occurred, on the date stated above, at 6.30 A.M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Inanition

(Duration) yrs. mos. 7 ds.

(Signed) J E Poulton M. D.

April 5th, 1916. (Address) 615 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 7. 1916

20-UNDERTAKER: John Gubliauckas — ADDRESS: 500 S Paca St.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 60 50

28

C93917

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1002 Greenmount Ave Ward 10) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret B. Grogan

Residence in Baltimore: No. 1002 Greenmount Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Aug 10, 1866 (Month) (Day) (Year)

7-AGE. 49 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Keeper
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. John Ward

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Loretta Grogan

(Address) 1002 Greenmount Ave

15- APR 6 - 1916 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

Dr Woodlon

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1915, to April 4 1916, that I saw h[illegible] alive on April 4 1916, and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Howard E. Woodlon M. D.

April 5, 1916. (Address) 530 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, April 7, 1916

20-UNDERTAKER V. C. Mudgett — ADDRESS 914 Greenmount Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93918

C93918

92

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1605 E Madison St.; 7 WARD)

2-FULL NAME Frank Hendrickson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1605 E Madison St.; 1 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1871. (Year)

7-AGE, 44 yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook & Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): 876

9-BIRTHPLACE, (State or Country) Princeton N.J.

PARENTS.

10-NAME OF FATHER, Robert Hendrickson

11-BIRTHPLACE OF FATHER (State or Country), Princeton N.J.

12-MAIDEN NAME OF MOTHER Catherine Saunders

13-BIRTHPLACE OF MOTHER (State or Country), Princeton N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henrietta Hendrickson

(Address) 1605 E Madison

15- APR 6 - 1916 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 3rd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9th 1916, to April 3rd 1916, that I saw him alive on April 2nd 1916, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Postinduced by General Hemorrhage

(Duration) about a month yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. McCampbell M. D.

April 4, 1916. (Address) 1369 N Carey.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lane's Cemetery	April 4, 1916.
20-UNDERTAKER John A. Bishop	ADDRESS 110 N Eutaw

important. See instructions on back of certificate.

C93919

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93919

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2111 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gantt Jr

(Residence in Baltimore: No. 2111 Division St.; 1 yrs. — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 1 (Day), 1915 (Year)

7-AGE: 1 yrs. — mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Thornton Gantt

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Mary Young

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Thornton Gantt Jr

(Address): 2111 Division

15 APR 6 - 1916 Filed ....., 191.....

HARRY O ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4, 1916, to, April 5 1916, that I saw h[im] alive on April 5 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H S McCard, M. D.

April 5, 1916 [Address] 1005 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: April 6, 1916

20-UNDERTAKER: Sam H. Chaselow — ADDRESS: 1420 Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93920 C93920

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Woodsdale Ave. Linden Ave ST.; 13 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Doeflitz

(Residence in Baltimore: No. Woodsdale Ave. Linden Ave. Chauncy Ave St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. April (Month) Don't Know (Day) 1831 (Year)

7-AGE. 85 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). — 677

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, ? Doeflitz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER ? Don't-Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Doeflitz

(Address) Woodsdale Ave

15- APR 6 - 1916 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 21 1916, to April 5 1916, that I saw him alive on April 4 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
Hypertrophy Disease of the Kidneys — Acute Nephritis and Uremia — Salvarsan as sequence
(Duration) Some Years yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Geo. L. Wilkins M. D.
April 5, 1916 (Address) 6 E. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew	April 7, 1916
20-UNDERTAKER Harry Sindheim	ADDRESS 1128 N Mt Pleasant

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93921

CERTIFICATE OF DEATH.

120 C93921

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Esplanade Aprt., St.) 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabina F Cohe,

(Residence in Baltimore: No. Ewtaw Place And Park, St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct. (Month) 23rd., (Day) 1876. (Year)

7-AGE: 39 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Ferdinand Fuechsl,

11-BIRTHPLACE OF FATHER (State or Country): Germany,

12-MAIDEN NAME OF MOTHER: Henriatta Goldman,

13-BIRTHPLACE OF MOTHER (State or Country): Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frankel

(Address) Esplanade Aprt,

15- APR 6 - 1916 Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 5th., (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to April 5 1916, that I saw h[illegible] alive on April 5 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ... yrs. ... mos. 10 ds.

(Signed) [illegible] M. D.

April 6, 1916 (Address) 10 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL, April 7th 191...6

20-UNDERTAKER Kaufmann ADDRESS 118 N Howard

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

C9322

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9322

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.) 16 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gehrge

(Residence in Baltimore: No. 840 Calverton Rd St.; ... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April — (Month) (Day), 1897 (Year)

7-AGE, 19 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Josephine Gabriel

(Address) Mt. Carmel H

15- APR 6 - 1916 Filed ....., 191.. HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 5 1916, that I saw him alive on April 5 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

..... (Duration) ... yrs. 2 mos. 9 ds.

(Signed) Ernest A. McGrath M. D.

April 5, 191 6 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State unknown yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 840 Calverton Rd.

Former or usual residence 840 Calverton Rd.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel. DATE OF BURIAL, April 8, 1916.

20-UNDERTAKER, M. M. Gauthier ADDRESS 1624 Mt Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93923

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93923

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 E. Montgomery ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo A Strauss M.D.

(Residence in Baltimore: No. 13 E. Montgomery St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 29 (Day), 1857 (Year)

7-AGE, 58 yrs. 9 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): 770

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Fleiter

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Strauss

(Address) 13 E. Montgomery St

15- APR 6 - 1916 Filed, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1910, to Apr 5 1916, that I saw him alive on Apr 5 1916, and that death occurred, on the date stated above, at 2.45 Am.

The CAUSE OF DEATH* was as follows:,

Mitral Regurgitation

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A Strauss Jr. M. D.

Apr 5, 1916. (Address) 1935 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 8 1916

20-UNDERTAKER F. A. Kolanus — ADDRESS 703 Hanover

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93924

CERTIFICATE OF DEATH.

92 C93924

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mondawmin Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Buck Biddle

(Residence in Baltimore: No. 2214 Mondawmin Ave. S Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, ... July (Month) 29 (Day), 1860 (Year)

7-AGE, 55 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Lewis M. Ford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Alice E. Wheedon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence W. Biddle (Husband)

(Address) 2214 Mondawmin Ave

15- APR 6 - 1916 Filed....., 191... HARRY O ANDREWS. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd 1916, to April 5th 1916, that I saw h[illegible] alive on April 5th 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 4 yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Ellam M. D.

Apr. 6th, 1916. (Address) Post Office Building

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Apl. 7, 1916
20-UNDERTAKER	ADDRESS
H. E. Hughes	175 Broadway

important. See instructions on back of certificate.

C93925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 C93925

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edwin Edward Strauss

(Residence in Baltimore: No. 810 N Caroline St)

Stay (yrs.) (mos.) Life time (ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 10 (Day) 1858 (Year)

7-AGE, 57 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Veterinarian 779
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm L. Strauss

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. E. Bauer

(Address) Towson Md

15- APR 6 - 1916 Filed, 191 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

April 6, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 810 N Caroline St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	April 9, 1916.
20-UNDERTAKER John Bauer Sons	ADDRESS Towson

C93926

HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C93926

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1404 Linden Ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elizabeth Ann Hammond

(Residence in Baltimore: No. 1404 Linden Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	White	Widdow

6-DATE OF BIRTH: May (Month) 14 (Day), 1832 (Year)

7-AGE: 83 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Edw C Thomas

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Juliet C Bennett

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flonna A Hammond

(Address) 1404 Linden Ave

15 APR 6 - 1916 Filed ....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1916, to April 6 1916, that I saw her alive on April 6, 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Apoplexy

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) Bamto C Callin M. D.

April 6, 1916. (Address) 1404 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. — DATE OF BURIAL: April 8, 1916.

20-UNDERTAKER: E. M. Mitchell Co ADDRESS 201 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93927

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C93927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N Ellwood St.; 7 WARD)

REGISTERED No. C

2-FULL NAME George Troeme

(Residence in Baltimore: No. 501 N Ellwood St.;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 6th 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John J Troeme

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Marie B Zegenmiller

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Troeme

(Address) 501 N Ellwood

15- Filed APR 6 - 1916 ROBERT F. KRAUTER, Registrar. Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/5/16 191..., to 4/5/16 191..., that I saw h in alive on 4/5/16 191..., and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Harryman M. D.

4/6/16 191... (Address) 2914 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Apr 6th 191 6

20-UNDERTAKER John A Meran — ADDRESS Lanvale St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93928 C93928

CERTIFICATE OF DEATH.

REGISTERED No. C 15 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Lowman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Richard L. Westervelt.

(Residence in Baltimore: No. 1425 Lowman St. 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug. (Month) 25 (Day), 1827 (Year)

7-AGE,	If LESS than 1 day,
88 yrs. 7 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper 22°
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), New Jersey.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know.

12-MAIDEN NAME OF MOTHER Don't Know.

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma C. Stoll

(Address) 1425 Lowman St.

15- APR 6 - 1916 Filed....., 191.... ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 22 March 1916, to 6 April 1916, that I saw h.m alive on 3rd April 1916, and that death occurred, on the date stated above, at 12.45 A.m.

The CAUSE OF DEATH* was as follows:

Shock + Old age

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Accidental fall off chair

(Duration) yrs. mos. 21 ds.

(Signed) James Cooper M. D.

6 Apl., 1916. (Address) 1505 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Apr. 9....., 1916

20-UNDERTAKER Wm Cook R. ADDRESS 502 E. Fountain

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C93929

CERTIFICATE OF DEATH.

C93929

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1200 Jenkins alley, ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Lee,

(Residence in Baltimore: No. 1200 Jenkins alley, St. 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH,

.....Unknown,..... , 18..
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
59 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook in private
(b) General nature of industry, business, or establishment in which employed (or employer)..... families, 876

9-BIRTHPLACE, (State or Country). Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert E. Lee, son.

(Address) 1200 Jenkins alley.

15- APR 6 - 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

.....April.....5th.., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....her.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
.....Mitral regurgitation,.....
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) J. Fretinet Kemper M. D.
(Coroner.)

April 6, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sewell Md.	4-6-, 1916

20-UNDERTAKER	ADDRESS
E + B Harlr	115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

C93930 HEALTH DEPARTMENT—CITY OF BALTIMORE C93930

92

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 425 N. Wolf. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary. C. Ostendorf.

(Residence in Baltimore: No. 425 N Wolf St.; about 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, August 2nd (Month) (Day) Don't Know (Year)

7-AGE,	If LESS than 1 day,
About 65 yrs. ..... yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): At home.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ernst

(Address) 426 N Wolf St

15- Filed APR 6 - 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 29 1916, to Apr 4 1916, that I saw her alive on Apr. 4 1916 and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion Lungs.

about 36 hrs (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ..... ds.

(Signed) G. Lebrecht Ewald M. D.

Apr. 6, 1916. (Address) 905 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	4-[illegible], 1916.

20-UNDERTAKER E & B Hahn ADDRESS 115 E Read St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93931

CERTIFICATE OF DEATH.

152 C93931

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf. of Thos H & Flora F. Wade

(Residence in Baltimore: No. Womans Hospital St.; ..... yrs., ... mos. 22 hrs. ds.)

important. See instructions on back of certificate. Be particular, and write plainly. Every question must be answered. Where the exact information is not known, the best possible answer should be given. If the space provided is insufficient for the answer to any question, use the space following the question number on the back of this certificate. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding one hundred dollars or by imprisonment not exceeding thirty days, or both. The accuracy of the statement relating to the CAUSE OF DEATH and the correctness of the MEDICAL DIAGNOSIS are matters of the utmost importance to the community at large, and the certificate must be signed by the physician who attended the deceased during his last illness, or by the coroner, if he has investigated the case. The statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April fifth, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 22 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas H. Wade

11-BIRTHPLACE OF FATHER (State or Country), Columbus, Georgia

12-MAIDEN NAME OF MOTHER Flora Forest Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis - Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. H. Wade

(Address) Annapolis Md. for S.J.G.

15- Filed APR 6 - 1916, 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April sixth, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 6 1916, that I saw HER alive on April 6 1916, and that death occurred, on the date stated above, at 8 50 a.m.

The CAUSE OF DEATH* was as follows:

cerebral haemorrhage

..... (Duration) ..... yrs. ..... mos. 24 hrs. ds.

CONTRIBUTORY. instrumental delivery
(Secondary)

..... (Duration) ..... yrs. ..... mos. 22 hrs. ds.

(Signed) S. J. Glass Jr. M. D.

April 6, 191.6 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Annapolis Md.

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md. DATE OF BURIAL, 4-7, 1916.

20-UNDERTAKER Henry W. Gretkins Sons Co. ADDRESS 107 Fulton & Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

C93932

C93932

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1510 Bolton street, ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wilson P. Heyward,

(Residence in Baltimore: No. 1510 Bolton street, St.) 47 yrs. years mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, November (Month) 6th (Day), 1852. (Year)

7-AGE, 63 yrs. 4 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker and 609
(b) General nature of industry, business, or establishment in which employed (or employer): stock broker,

9-BIRTHPLACE, (State or Country), Wilmington, Delaware,

PARENTS.

10-NAME OF FATHER, James F. Heyward,

11-BIRTHPLACE OF FATHER (State or Country), South Carolina,

12-MAIDEN NAME OF MOTHER Maria Fresstman,

13-BIRTHPLACE OF MOTHER (State or Country), Delaware,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Heyward Taylor, nephew,

(Address) 112 E. Preston street.

15 Filed APR 6 - 1916 ROBERT . KRAUTER, Burial Permit Clerk.
By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol wound of head,
(suicide)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Melancholia,
(Duration) 3 yrs. mos. ds.

(Signed) J. Fredrick Kemper M. D.
(Coroner)

April 5, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	April 7., 1916
20-UNDERTAKER	ADDRESS
Hesperian Mfg Co	McCulloh & Druid Sts

Spec.—8-24-14—M. & T.—2000 Blks. Charles H. Fulkoski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93933 61 C93933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2032 W Pratt ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Howard Fulkoski

(Residence in Baltimore: No. 2032 W Pratt St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 20 (Day), 1912 (Year)

7-AGE, 3 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Otto Fulkoski

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Roerner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Fulkoski

(Address) 2032 W. Pratt st.

15- Filed APR 6 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 4 1916, that I saw h[illegible] alive on April 4 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Meningitis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm A Cot M. D.

April 6, 1916 (Address) Forward Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 7, 1916
20-UNDERTAKER	ADDRESS
George J. Smith	1000 W Fayette

(Over)

Please write in plain letters, so that it may be properly understood. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93934

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93934

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Tinkerhill ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Washington Harris

(Residence in Baltimore: No. 917 Tinkerhill St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1863 (Year)

7-AGE, 53 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Harris

(Address) [illegible]

15- Filed APR 6 - 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk, Registrar.

D. C. 7403

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 4 1916, that I saw him alive on April 4 1916, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

.....

..... Exhaustion from senility

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) H. C. Smith M. D.

April 5, 1916. (Address) 520 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Apr. 7, 1916
20-UNDERTAKER	ADDRESS
John H. Tradum	1420 Stiel

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very [illegible] of this it may be properly classified.

Spec. 5-19-13—M. & T. 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93935

CERTIFICATE OF DEATH.

78 C93935

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 D. Fremont Ave. St., 22 WARD)

2-FULL NAME Charles G. Michel

(Residence in Baltimore: No. 401 D. Fremont Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Age: 49 yrs., mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 19 (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. — mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of Industry, business, or establishment in which employed (or employer): Proprietor 870

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Adam Michel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Michel

(Address) 401 D Fremont St

15. Filed APR 6 - 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1916, to Apr. 4th 1916, that I saw him alive on Mar. 30 1916, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Cardiac Dilatation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) W. E. Carr M. D.

Apr. 5 1916 (Address) 515 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 7th, 1916

20-UNDERTAKER Geo Leimbacher Sr — ADDRESS 647 W Pratt St.

CAUSE OF DEATH must be plainly written, in ink or with indelible pencil. Every statement important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C93936

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3100 Barclay ST.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmore Brown

(Residence in Baltimore: No. 3100 Barclay St.; ....yrs., ...mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Nov. (Month) 23 (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
....yrs. 4 mos. 13 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wilson Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lizzie Fax

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Fax

(Address) 3100 Barclay St.

15- Filed APR 6 - 1916, 191... ROBERT J. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 5 1916, that I saw h... alive on April 5 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Garland Schmidt M. D.

April 6, 1916. (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	April 6 1916.
20-UNDERTAKER	ADDRESS
Wm J. G. Locks	1302 Jefferson

important. See instructions on back of certificate.

C93937

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93937 100 C93937

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 213 N Dallas ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Grace

(Residence in Baltimore: No. 213 N Dallas St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Colored	M

6-DATE OF BIRTH, Feb 12th, 1850
(Month) (Day) (Year)

7-AGE, 36 yrs. 0 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Grace

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hannah Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Brown

(Address) 213 N. Dallas St.

15 APR 6 - 1916 ROBERT J. KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Prostate

(Duration) yrs. mos. ds.

(Signed) Graham L. Cantler M. D.
(Coroner.)

April 5, 1916 (Address) 8 E. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem	April 7th, 1916
20-UNDERTAKER	ADDRESS
Harry A. Vodery	1925 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C93938 × 29 C93938

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George Whalen

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs. ....mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, June 29, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Yard
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter 218

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 6 - 1916 Filed ..... 191.....
ROBERT J. BRAUTE
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to April 6 1916, that I saw h.. alive on April 6 1916, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Paul H. Clough M. D.

April 6, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence St Helena Md

19-PLACE OF BURIAL OR REMOVAL, Okaloosa Spring Apr 6 DATE OF BURIAL, ..., 191..

20-UNDERTAKER Hoff Tucker ADDRESS 1414 Eutaw Pl

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93939

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93939

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 438-E 23 St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Leatherbury

(Residence in Baltimore: No. 438-E 23 St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January, (Month) 1847 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Launderess
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Peter Onley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Edmonia Leatherbury

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Leggett

(Address) 1438-E 23 St.

15- APR 6 - 1916 Filed, 191. ROBERT , KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1916, to April 5 1916, that I saw her alive on April 5 1916, and that death occurred, on the date stated above, at 8.40 A.M.

The CAUSE OF DEATH* was as follows:

Heart Disease
Indefinite
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) R. Garland Ahrens M. D.

April 5, 1916 (Address) 1534 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, April 7, 1916

20-UNDERTAKER Fulp & Son — ADDRESS 102 E. Mulberry

Cause of death to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93940

CERTIFICATE OF DEATH.

40 C93940

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Argyle Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Hayden

(Residence in Baltimore: No. 1049 Argyle Ave St.; 56 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1856 (Year)

7-AGE,	If LESS than 1 day.
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework (at home)
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), St Mary's Co Md.

PARENTS.

10-NAME OF FATHER, John Cole

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brooks (daughter)

(Address) 1047 Argyle Ave

15- APR 6 - 1916 Filed ..... 191.....

ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to Apr 5th 1916, that I saw her alive on Apr 4th 1916, and that death occurred, on the date stated above, at 5.30 am

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

Clinical Diagnosis

(Duration) yrs. mos. 6 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) D. Grant Bolt M. D.

Apr 5th 1916. (Address) 3 E 4 Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Olivet	April 7, 1916.
20-UNDERTAKER Eddy B. Tyler	ADDRESS 1026 Madison Ave

Cause of death to be plain, definite and complete. Use only such terms as are generally understood. Do not use abbreviations or initials. Do not state mode of dying, as shock, exhaustion, heart failure, etc., but the disease or injury which caused it. Indefinite or incomplete answers cannot be accepted. Occupation should be stated in every case, even if deceased was a child or had retired from business. The Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93941 HEALTH DEPARTMENT—CITY OF BALTIMORE. 64 C93941

CERTIFICATE OF DEATH. REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Strucker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Louise B. Jones.

(Residence in Baltimore: No. 1332 Strucker St - St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, July 14, 1862 (Month) (Day) (Year)

7-AGE, 54 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), South Boston, Va

PARENTS.

10-NAME OF FATHER, James Neal

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), U. S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. F. Jones

(Address) 1332 N. Strucker St.

15- APR 6 - 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/5, 1916.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/4 1916, to 4/5 1916, that I saw her alive on 4/5 1916, and that death occurred, on the date stated above, at 11.45 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

& Complete Paralysis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) (Coma)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. M. R. Butler, M. D.

4/5, 1916 (Address) 1135 Dolphin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	April 8, 1916.
20-UNDERTAKER Felix B. Pyle	ADDRESS 102 E. Mulberry St.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93942

CERTIFICATE OF DEATH.

79 C93942

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 Fleet ST.; W WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Fink

(Residence in Baltimore: No. 2037 Fleet St.; 50 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 19, 1837 (Month) (Day) (Year)

7-AGE, 79 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Jung

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry Fink

(Address) 3216 Eastern Ave.

15- Filed APR 6 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1916, to Apr 5 1916, that I saw h[illegible] alive on Apr 5 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Geo C Blades M. D.

4/6/16 (Address) 143 W 13th way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, April 2, 1916

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C93943

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac J. Schlesinger

(Residence in Baltimore: No. 2011 Madison Ave St.; 13 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 25, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant 455
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing Retired

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Schlesinger

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Golden

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis .....

(Address)..... 1419 E. Balto .....

15- APR 6 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 6 1916, that I saw him alive on April 6 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

.....

.....

..... (Duration)..... yrs..... mos. 7 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed)..... Trammell Starr ..... M. D.

April 9, 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home.

Former or usual residence 2011 Madison Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew	April 7, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Emilie Wiskow

Spec.—8-24-14—M. & T.—2000 Bks.

C93944

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93944

CERTIFICATE OF DEATH.

81

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4041 Frederick Av ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

FULL NAME Emilie Wiskow

(Residence in Baltimore: No. 4041 Frederick Av St.; 60 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 5 (Day), 1837 (Year)

7-AGE, 78 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ernst Scheelein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Rinnbach

(Address) 142 Williams St

15- APR 6 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 6 1916, that I saw h.. alive on April 5 1916, and that death occurred, on the date stated above, at 6.30 Am.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jones M. D.

April 6, 1916 (Address) Druid Hill Av & Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	April 8th, 1916.
20-UNDERTAKER	ADDRESS
Chas. H. Dill.	3109 Frederick Ave.

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93945

CERTIFICATE OF DEATH

64

C93945

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2031 Guilford Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Goodman

(Residence in Baltimore: No. 2031 Guilford Ave St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 74 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Jobbing 677

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Joseph Goodman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Hattie Fried

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Goodman

(Address) Wilmington Del.

15-APR 6 - 1916 Filed ....., 191.... HOBART . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1915, to April 5 1916, that I saw h.. alive on April 5 1916, and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Samuel Goldman M. D.

April 6, 1916 (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2031 Guilford Ave

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Blvd — DATE OF BURIAL: April 7, 1916

20-UNDERTAKER: S. Levinson Bro — ADDRESS: 1107 E Balto St

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 C93946

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1270 Sargent ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Nall

(Residence in Baltimore: No. 1270 Sargent St. Life St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Dec 17, 1850 (Month) (Day) (Year)

7-AGE 65 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Nolan

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Esther Carwell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Nall

(Address) 1205 Sargeant St

15- APR 7 - 1916 BUREAU OF STATISTICS, Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916.. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3d 1916, to April 6 1916, that I saw h.r alive on April 6th 1916, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

& Asthma (Duration) 9 yrs. ....mos. ....ds.

(Signed) Thos. Reed D. Caine M. D.

April 6, 1916. (Address) 1127 Columbia St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	Apr 9, 1916
20-UNDERTAKER William Cook	ADDRESS 602 E. North

C93947

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

C93947

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. N. W. Cor Charles St. & Lafayette Ave. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Perkins Goddard

(Residence in Baltimore: No. N. W. Cor Charles St. & Lafayette Ave. St.; 34 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July 25, 1842 (Month) (Day) 1 (Year)

7-AGE: 73 yrs. 8 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Insuranc
(b) General nature of industry, business, or establishment in which employed (or employer): Broker 630

9-BIRTHPLACE (State or country): Salem, Conn.

PARENTS

10-NAME OF FATHER: Levi Hart Goddard

11-BIRTHPLACE OF FATHER (State or country): Norwich, Conn.

12-MAIDEN NAME OF MOTHER: Mary W. Perkins

13-BIRTHPLACE OF MOTHER (State or country): New London, Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Calvin H. Goddard

(Address) N. W. Cor. Charles St. & Lafayette Ave.

15- APR 7 - 1916 Filed ..... 191.. [illegible] Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September, 1915, to, April 5 1916, that I saw h.. alive on April 5 1916, and that death occurred, on the date stated above, at 10.52 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate
Operation Sept 29-1915

(Duration) — yrs 10 mos. — ds.

Contributory (SECONDARY) Hypostatic Congestion & Broncho-pneumonia (Duration) — yrs — mos. 4 ds.

(Signed), Calvin H Goddard M. D.

April 7 1916. [Address] The Wallace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Arlington National Cemetery Fort Myer, Va

DATE OF BURIAL: April 7 1916

20-UNDERTAKER: Henry W. Maas & Son

ADDRESS: 105 N. Calvert St.

NOTE—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93948

CERTIFICATE OF DEATH.

91

C93948

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Price ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Chambers

(Residence in Baltimore: No. 736 Price St.: yrs., 16 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, November 31, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore - Md -

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Pumphrey

(Address) 736 Price St F

15- APR 7 - 1916 Filed....., 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 5 1916, that I saw her alive on April 5 1916, and that death occurred, on the date stated above, at 2.50 P.m.

The CAUSE OF DEATH* was as follows:

Acute Broncho - Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Rickets - Mal-nutrition

(Duration) — yrs. — mos. — ds.

(Signed) Bertha E - Tapman M. D.

April 6, 1916 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, April 7, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 1113 N Carey St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-15—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93949 C93949

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Paca ST.; 21 WARD) REGISTERED No. C

2-FULL NAME John F. Steinfort

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 925 S. Paca St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 11 (Day) 1860 (Year)

7-AGE, 55 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Charles Steinfort

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Steinfort

(Address) 925 S. Paca St

15-

Filed APR 7 - 1916 191... MARRIAGE AFFIDAVIT Burial Permit O.I.C.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 4 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to April 4 1916, that I saw him alive on April 4 1916, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart (Duration) yrs. mos. ds.

(Signed) J. M. Lemmon M. D.

April, 191... (Address) 826 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park Cemetery	April 7, 1916
20-UNDERTAKER	**ADDRESS**
James Dignan & Son	1000 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93950

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93950

CERTIFICATE OF DEATH.

184

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 230 N. Vincent St.: 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Brown

(Residence in Baltimore: No. 218 N. Vincent St.: ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
about 46 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Day 7-3

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Richard Brown

(Address) 1514 W. Saratoga st.

15-

FILED APR 7 - 1916 HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 3rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck on head with Club
Homicide
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fractured Skull
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Kraus M. D.
(Coroner.)

April 6th, 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 8 1916
20-UNDERTAKER Hillel Brown	ADDRESS 304 N. Mount st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93951

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 C93951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 142 W Franklin ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Ransome

(Residence in Baltimore: No. 142 W Franklin St.; 20 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 20, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee Brown

(Address) 142 W Franklin St

15- Filed APR 7 - 1916, 191... BUREAU OF ANALYSIS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 4 1916, that I saw h..... alive on April 4 1916, and that death occurred, on the date stated above, at 7 P- m.

The CAUSE OF DEATH* was as follows:

Pulmonary Apoplexy
Broken
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. Atwood M. D.

April 6, 1916 (Address) 1390 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cmtry | DATE OF BURIAL, April 6, 1916

20-UNDERTAKER Alfred J Freeland | ADDRESS 114 N Schroeder

Spec.—8-24-14—M. & T.—2000 Blks.

C93952

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93952

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 E Monument ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Urback

(Residence in Baltimore: No. 1308 E Monument St.; 45 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 19 (Month), 1852 (Day) (Year)

7-AGE, 64 yrs. 2 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Nordsman

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hany Urback

(Address) 1914 Orleans St

15- APR 7 1916 Filed....., 191.. Burial Permit Clerk

HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5th 1916, to April 6th 1916, that I saw h[illegible] alive on April 6th 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 2 days

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... mos. ..... ds.

(Signed) C. O. Loret M. D.

April 6th 1916 (Address) 1501 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cem. DATE OF BURIAL, Apr 9, 1916

20-UNDERTAKER Robert J Turner ADDRESS 1442 N Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93953

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

C93953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3007 Roseland Place, ST.: 15 WARD)

2-FULL NAME John Beyer,

(Residence in Baltimore: No. 3007 Roseland Place,

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St., ... yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, ... July (Month) 16th (Day), 1850. (Year)

7-AGE, 65 yrs. 8 mos. 19 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker,
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home,

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, John Beyer,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Philomena Schulz,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Beyer, wife,

(Address) 3007 Roseland Place.

15-

Filed APR 7 - 1916, 191.....

Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 4th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Atheromatous myocarditis,.....

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile involution.

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) H. Friedrick Kempel M. D.
(Coroner.)

April 5th 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Pauls Cemetery Violetville Balto Co Md	Apr 7., 1916

20-UNDERTAKER	ADDRESS
Stewart & Bowen Co	108 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C93954 C93954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Wilkens Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Schaeffler

(Residence in Baltimore: No. 3109 Wilkens Ave St.; Lif Lyrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. July (Month) 21 (Day), 1888 (Year)

7-AGE. 27 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): Confectionary

9-BIRTHPLACE. (State or Country). Balto City; Md.

PARENTS.

10-NAME OF FATHER. John M. Schaeffler

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Wiesand

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Schaeffler

(Address) 3109 Wilkens Ave

15- Filed APR 7 - 1916 01 Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1915, to Apr 5 1916, that I saw her alive on Apr 2 1916, and that death occurred, on the date stated above, at 4 20P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. M. Strauss M. D.

Apr 6, 1916 (Address) 1935 W. Northern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. April 9, 1916.

20-UNDERTAKER J. Sander & Sons ADDRESS 1710 Pleas St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C93955

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Brunt ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME Argery Bowser

(Residence in Baltimore: No. 2213 Brunt St.; ....yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Colored	Infant

6-DATE OF BIRTH, Jan. 2, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Bowser

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Smith

(Address)..... 2213 Brunt St.

15. APR 7 - 1916 NAME OF UNDERTAKER,
Filed....., 191. Burial Permit Given
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/31 1916, to 4/5 1916, that I saw h.. alive on 4/4 1916, and that death occurred, on the date stated above, at 1 06 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) B. M. Bentley M. D.

4/5, 191.. (Address) 1139 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, APR 7 1916

20-UNDERTAKER JAMES H. DENNIS, ADDRESS, 1303 PRESSTMAN ST. APR 07 1916

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93956

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C93956

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Eden ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Francis Erdman Jr.

(Residence in Baltimore: No. 1609 N. Eden St.; 1 yrs. 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: March (Month) 2 (Day), 1915 (Year)

7-AGE: 1 year 1 yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: ~~Student~~ None
(b) General nature of industry, business, or establishment in which employed (or employer): ~~Home~~

9-BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10-NAME OF FATHER: Charles Francis Erdman

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Mary E. Bayne

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Francis Erdman

(Address) 1609 N. Eden St

15 APR 7 - 1916 Filed ..... 191 ..... Burial Permit Clerk REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1916, to, April 5 1916, that I saw him alive on April 5 1916, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs ..... mos. 11 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), John W. Sandman M. D.

April 6, 1916 [Address] 1700 N Caroline St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: April 7th 1916

20-UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93957

CERTIFICATE OF DEATH.

66

C93957

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Federal ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Maer

(Residence in Baltimore: No. 1210 E. Federal St.; 61 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~1~~ Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July — 29 —, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Wilson

(Address) 1210 E. Federal

15-
Filed APR 7 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr — 6 —, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 30 th, 1916, to Apr 6 th 1916, that I saw her alive on Apr 5 th 1916, and that death occurred, on the date stated above, at 7.35 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) C. E. Smith M. D.

Apr 6th, 1916 (Address) 1313 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, April 7th, 1916

20-UNDERTAKER George J. Ruth. — ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93958

CERTIFICATE OF DEATH.

31 C93958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Sanders

(Residence in Baltimore: No. 562 Walnut St St.; 1 yrs., 5 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 8 (Day), 1914 (Year)

7-AGE, 1 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Coles Sanders

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bates

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records Mercy Hosp.

(Address) Balto City

15- Filed APR 7 - 1916, 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1916, to Apr. 6 1916, that I saw h[illegible] alive on Apr. 6 1916, and that death occurred, on the date stated above, at 6 00 a.m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

Duration 10 days

CONTRIBUTORY (Secondary)

(Duration) ? yrs. mos. ds.

(Signed) Chas. T. Smith M. D.

Mar. 6, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State 1 yr. ....mos. ....ds.

Where was disease contracted, if not at place of death? 562 Walnut St

Former or usual residence 562 Walnut St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Apr. 7, 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Eas ave

Spec.—8-24-14—M. & T.—2000 Blks.

C93959

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93959

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Myrtle ave ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Montine Pulley

(Residence in Baltimore: No. 303 Myrtle Ave. St.; 1 yrs., — mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, March 25th, 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm H. Pulley

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Nettie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Bald City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Pulley

(Address) 303 Myrtle ave

15-

Filed APR 7 - 1916, 191.....

HARRY O ADAMS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 30th 1916, to April 6th 1916, that I saw h[illegible] alive on March 30th 1916 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronchial Pneumonia

.....

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) A. Lee Ellis M. D.

April 6, 1916, (Address) 92 Fawn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 7, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 64 Little Rock

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

093960

HEALTH DEPARTMENT—CITY OF BALTIMORE

093960

CERTIFICATE OF DEATH.

151

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1113 Broadway ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. G. Thomas

(Residence in Baltimore: No. 1113 Broadway St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Apr. 2, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Clinton Taylor

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rose Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. Thomas

(Address) 1113 Broadway

15- APR 7 - 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 2 1916, to Apr. 6 1916, that I saw him alive on Apr. 6 1916, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) 0 yrs. ....mos. ....ds.

(Signed) Edward Stuart M. D.

Apr. 6, 1916 (Address) 1113 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, April 7 1916.

20-UNDERTAKER Geo H Hosper — ADDRESS 609 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C93961 HEALTH DEPARTMENT—CITY OF BALTIMORE C93961

151

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Hall Springs ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Balder

(Residence in Baltimore: No. 4 Hall Spring St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, Infant OR DIVORCED, (Write the word.)
Female	White	

6-DATE OF BIRTH, April 3, 1916.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Balder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Isabel Broadess

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Grace Broaches

(Address) 4 Hall Springs

15- APR 7 - 1916 HARRY O. ANDREWS
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 5 1916, that I saw h.. alive on April 5 1916 and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth
(7 months)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) C. Carol Spring M. D.

April 5, 1916 (Address) Same

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Vincents Cem	April 6, 1916.
20-UNDERTAKER	ADDRESS
Kendall Hospital	37 Penn St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93962

150 C93962

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hosp. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Dorothy A Evans

(Residence in Baltimore: No. 1821 Belt ave. St.; yrs., 2 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 4, 1916. (Month) (Day) (Year)

7-AGE, yrs. 2 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Evans

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lola Funk

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Evans

(Address) 1821 Belt Ave

15-

Filed APR 7 - 1916 [illegible] Burial Permit Clerk,

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/23 1916, to April 5 1916, that I saw her alive on April 4 1916, and that death occurred, on the date stated above, at 5.55a m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

Contributory Accidental Miscarriage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A Keller Hemming M. D.

4/5, 1916. (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1821 Belt ave

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, April 7, 1916.

20-UNDERTAKER Wm J. F. Evans Son — ADDRESS 1424 Pratt St.

Spec.—5-19-13—M. & T.—500 Blks.

C93963

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93963

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Battery ave ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah D. Delaney

(Residence in Baltimore: No. 1433 Battery ave St.; 60 yrs., ... mos. ... ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Mar 17, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. — mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Dixon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McGuigahn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kerr (Daughter)

(Address) 1433 Battery ave

15- APR 7 - 1916 DANIEL O'ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 31 1916, to April 4 1916, that I saw h.. alive on April 4 1916, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Gen Paralysis. (Paraplegia)

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Gen Debility

(Duration) 1 yrs. ... mos. ... ds.

(Signed) A. J. Turlington M. D.

4-5, 1916 (Address) 102 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, APR 8 1916.

20-UNDERTAKER Jos. H. Tabler & Sons | ADDRESS 16 N. Eighth

Sp[illegible]—5-19-13—M. & T.—500 Bks.

C93964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

C93964

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1009 Linden ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Matthews Sr

(Residence in Baltimore: No. 1009 Linden Ave St.; 55 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1861 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Private Butler
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Nicholas Matthews

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Matthews

(Address) 1009 Linden Ave

15- APR 7 - 1916 Filed ....., 191.. MARY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1916, to April 5, 1916, that I saw h[illegible] alive on April 4th 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes, ending in Coma

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Keller M. D.

April 5 1916 (Address) 212 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[illegible] Pleasant	April 7, 1916
20-UNDERTAKER	ADDRESS
Jno. H. Cole & Son	1400 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C3965

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C3965

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 Rutland ave ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Jennings

(Residence in Baltimore: No. 3 months 14 days St.; yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colord	Single

6-DATE OF BIRTH Dec 28 (Month) (Day), 1915 (Year)

7-AGE yrs. 3 mos. 14 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) non

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Gobr Jennings

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gobr Jennings

(Address) 920 Rutland ave

APR 7 - 1916 Burial Permit Given

Filed , 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 6th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 , 1916 , to April 6th 1916.

that I saw h[illegible] alive on April 6th , 1916.

and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (catarrhal) (Duration) yrs. mos. 8 ds

Contributory (SECONDARY) congestion of Brain (Duration) yrs. mos. 2 ds.

(Signed) Thomas J Simms M.D.

April 6 , 1916 (Address) 1025 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel cemetery | DATE OF BURIAL April 8 1916

20-UNDERTAKER R C Gross | ADDRESS 1405 McElderry St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks.

C93966

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93966

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Brune ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur F. Johnson

(Residence in Baltimore: No. 604 Brune St.; 2 yrs. 3 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec. 28, 1913
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. 8 da. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John E. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Blake

13-BIRTHPLACE OF MOTHER (State or Couutry), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Johnson

(Address) 604 Brune

APR 7 - 1916

Filed....., 191.....

HARRY D. ARNOLD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 5 1916, that I saw h[illegible] alive on April 5 1916, and that death occurred, on the date stated above, at 4.30 pm.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 5 ds.

(Signed) Leon Hemmeter M. D.

April 6, 1916. (Address) 500 Harlem Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Apr. 7, 1916.

20-UNDERTAKER Geo. A. Hoeland | ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93967

CERTIFICATE OF DEATH.

151 C93967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Baker

(Residence in Baltimore: No. 844 W 37th St. St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Single

6-DATE OF BIRTH, 4 (Month) 6 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 6 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John J. Baker

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Emily Bunting

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Baker

(Address) 844 W. 38th St. City.

15- Filed APR 7 - 1916, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-6 1916, to 4-6 1916, that I saw him alive on 4-6 1916, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

1. Mal-Development

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles E. Sims M. D.

4-7-, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Mary Hampden	April 7, 1916
20-UNDERTAKER	ADDRESS
Ed Roy Stuffler	844 W 36th St

093968

HEALTH DEPARTMENT—CITY OF BALTIMORE

093968

CERTIFICATE OF DEATH.

181

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hosp ST. 9 WARD)

REGISTERED No. C

2-FULL NAME George A Schmuck

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 621 Bartlett Ave

St., 23 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1893 (Year).

7-AGE, 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver (Wood)
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER. John Schmuck

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria Pyritz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Dasch

(Address) 621 Bartlett Ave

15-

FILED APR 7 - 1916, 191... HARRY V ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5th (Month), (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. (Accident) Electric Shock Unknown
2. him to floor Instantly Coroners Jury
3. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Conrad M. D. (Coroner.)

April 5, 1916 (Address) 156 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Brentwood Hotel Baltimore Md

Former or usual residence 621 Bartlett Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, April 9, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93969

CERTIFICATE OF DEATH.

120 C93969

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Sargent ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Yentsch.

(Residence in Baltimore: No. 1164 Sargent St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 20 (Day), 1848 (Year)

7-AGE, 67 yrs. 7 mos. 15 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Yentsch

(Address) 1164 Sargent St.

15- Filed APR 7 = 1916 HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to April 6 1916, that I saw her alive on April 4 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Ans yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) yrs. 6 mos. ds.

(Signed) J. M. Lemperin M. D.

April 6, 1916 (Address) 826 N. Arrandale Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, April 9 1916

20-UNDERTAKER Wm Cook ADDRESS 502 North a

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93970

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C93970

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 N. Bath ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Lanahan

(Residence in Baltimore: No. 1138 N. Bath St. St.; 17 yrs., 11 mos. 18 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1898 (Year)

7-AGE, 17 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory.
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Operator 357

9-BIRTHPLACE, (State or Country), U.S. Balt Md.

PARENTS.

10-NAME OF FATHER, Dominick Lanahan

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Lane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Lanahan

(Address) 1138 Pratt st

15- Filed APR 7 - 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to April 5 1916, that I saw h- alive on April 5 1916, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 10 mos. ds.

(Signed) E. Mc Lahanan M. D.

April 6, 1916. (Address) 214 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, April 7., 1916.

20-UNDERTAKER John J Fields

ADDRESS 1209 W. Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C93971

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93971

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N Bruce ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Dorsey

(Residence in Baltimore: No. 723 N. Bruce St. 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 4 (Day), 1886 (Year)

7-AGE, 35 yrs. 11 mos. 2 dys. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Broxton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josiah Dorsey

(Address) 723 N. Bruce

15-APR 8 - 1916 Filed, 191.

ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 4th 1916, to Apr 5 1916, that I saw h[illegible] alive on Apr 5 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Convulsions

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 2 ds.

(Signed) F. B. Cook M. D.

Apr 6, 1916. (Address) 1313 W. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bowlers Mt Lues

DATE OF BURIAL. APR 7 1916

20-UNDERTAKER Co Va
JAMES H. DENNIS,

ADDRESS 1303 PRESTMAN ST.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93972

HEALTH DEPARTMENT--CITY OF BALTIMORE

C93972

CERTIFICATE OF DEATH

REGISTERED No. C 8132

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1113 N. Wolfe St. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Gross

(Residence in Baltimore: No. 1113 N. Wolfe St.: 71 yrs. 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: May (Month) 15 (Day), 1844 (Year)

7 AGE: 71 yrs. 11 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Sewer Work

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John T. Starr

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Caroline Smith

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry J. Starr

(Address) 1017 N. McElderry St.

15 Filed APR 8 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr. (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1916, to Apr. 5, 1916, that I saw her alive on Apr. 5, 1916, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine (Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Acute Cardiac Dilatation (Duration) yrs. mos. ds.

(Signed) J. E. Bunbach M. D.

April 6, 1916 (Address) 202 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: April 8, 1916

20 UNDERTAKER: Henry Lutz | ADDRESS: 1007 N. Bond St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C93973

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C93973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 St Paul ST.; 11th WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Genevieve Carroll

(Residence in Baltimore: No. 1003 St Paul St.; 75 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widowed

6-DATE OF BIRTH, January 25th, 1841. (Month) (Day) (Year)

7-AGE, 75 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Dudick

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER Mary M. Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Maytown Lancaster Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Carroll

(Address)..... Raytown Md.

15- APR 8 - 1916 191.. ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, about April, 1916. (Month) 6th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to April 6th 1916, that I saw her alive on April 6th 1916, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs.....mos.....ds.

(Signed) Jno A Blalock M. D.

April 7th, 1916. (Address) 410 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State ....yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	April 8th, 1916
20-UNDERTAKER	ADDRESS
Henry Wm Kins & Sons Co	1 Orchard Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C93974

CERTIFICATE OF DEATH.

C93974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson.

(Residence in Baltimore: No. 22 S Springst. St.; 0 yrs., 0 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, March 6, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 29 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Clyde Anderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Shorter.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tucker, M.D.

(Address) Johns Hopkins Hosp.

15A APR 8 - 1916 Filed....., 191... ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 4 1916, that I saw him alive on April 4 1916, and that death occurred, on the date stated above, at 9:15 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Haemofilia

(Duration) yrs. mos. ds.

(Signed) Wm. S. Thayer M. D.

Apr. 4, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ... 191...
JOHNS HOPKINS HOSPITAL.	
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93975 C93975

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2414 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Didszoneit

(Residence in Baltimore: No. 2414 E. Biddle St.; 35 yrs., 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male White	White	Single

6-DATE OF BIRTH, Oct 7, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Balto, Md.

PARENTS.

10-NAME OF FATHER, Frederick Didszoneit

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kenyoske

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Didszoneit

(Address) 2414 E Biddle St

15- Filed APR 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20 1916, to April 6, 1916, that I saw h.. alive on April 5, 1916, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) J. C. Lilly M. D.

April 7, 1916 (Address) 201 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cemetery — DATE OF BURIAL, April 8, 1916.

20-UNDERTAKER Louis Heemann — ADDRESS 32 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

C93976 CERTIFICATE OF DEATH. C93976

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 922 Pear street, St.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Page,

(Residence in Baltimore: No. 922 Pear street, St.; yrs., mos.... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, ...Unknown,.... (Month), ... (Day), 1 ..... (Year)

7-AGE,	If LESS than 1 day,
25 ? yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House girl, 7
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private families,

9-BIRTHPLACE. (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary D. Williams, friend,

(Address) 924 Pear street.

15. APR 8 - 1916 Filed....., 191.. ROBERT . KRAUTER, Registrar.

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...March....22nd..., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Probably organic heart disease,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D. (Coroner.)

Mar. 23d, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR 7 - 1916, 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

C93977 C93977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 544 Moore street, ST.: 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Ellwood,

(Residence in Baltimore: No. 544 Moore street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Unknown,

6-DATE OF BIRTH, Unknown, (Month) , (Day) , 1 (Year)

7-AGE,	If LESS than 1 day,
46 ? yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer, 243
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant,

(Address)

15-APR 8 - 1916 Filed ROBERT . KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 14th (Day)., 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Ruptured Aneurism,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

Mar. 16, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR 7 - 1916, 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

Morgue

FOR ANATOMICAL PURPOSES

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93978 **CERTIFICATE OF DEATH.** 79 C93978

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 8 Pronounced dead Mercy Hospital St.: 5 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Andros

(Residence in Baltimore: No. 210 Aliceanna St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	?

6-DATE OF BIRTH,
....?....., 1.....
(Month) (Day) (Year)

7-AGE, about 60 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant).... Police records.
(Address).....

15-
Filed APR 8 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation
.....
.....
..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Chronic endocarditis
..... (Duration).....yrs.....mos.....ds.

(Signed) Thos. H. Richardson M. D.
(Coroner.)
April 5, 191.6 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND APR 7 - 1916
Commissioner Health,
FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93979 C93979

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maternite Mercer Md ST. 4 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Chaulske

(Residence in Baltimore: No. University Md St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 9, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 14 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Chaulski
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 8 - 1916 ROBERT , KRAUTER, Burial Permit Clerk, Registrar.

None

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. Stiles (Coroner.) M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR. 7 - 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

C93980

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93980

Registered No. C 45

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4030 Belle Ave St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Washington Harn

(Residence in Baltimore: No. 4030 Belle Ave St.: 5 yrs. 8 mos. 0 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: February 11, 1840 (Month) (Day) (Year)

7-AGE: 76 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerical
(b) General nature of industry, business, or establishment in which employed (or employer): Contracting & Building

9-BIRTHPLACE (State or country): Carroll County, Md.

PARENTS

10-NAME OF FATHER: Ephraim Harn.

11-BIRTHPLACE OF FATHER (State or country): Carroll County, Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Gosnell

13-BIRTHPLACE OF MOTHER (State or country): Carroll County, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edwin W. Harn

(Address) 4030 Belle Ave.

15. Filed APR 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1915, to April 6, 1916, that I saw h[illegible] alive on April 6, 1916, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Chr. Parenchymatous
Nephritis.

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Wm. G. Queen M. D.

April 6, 1916 (Address) Main St. Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: April 8, 1916

20-UNDERTAKER: Charles E. Franck

ADDRESS: 802 Madison Ave

C93981

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93981

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2127 E Monument Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Millis

(Residence in Baltimore: No. 2127 E Monument Ave St.; yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 6th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 2 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Millis

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lena Diambrosio

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Millis

(Address) 2127 E Monument Ave

15- APR 8 - 1916 ROBERT , KRAUTER, Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (8 Hrs.)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Louis L. Kaufman M. D.
(Coroner.)

April 7th, 191.6. (Address) 15 E Monument Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem

DATE OF BURIAL, Apr 8, 1916

20-UNDERTAKER J Herwig & Co

ADDRESS 2008 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93982

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93982

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 S Eutaw St ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Glowa Mallender

(Residence in Baltimore: No. 820 S Eutaw St

St.; 1 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Mallender

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Eliz. Green

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bell Green

(Address) 820 S Eutaw St

15 APR 8 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) 1 yrs. 3 mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw Green M. D. (Coroner.)

4 7 6, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md — DATE OF BURIAL, April 8, 1916

20-UNDERTAKER Jas R Ulser — ADDRESS Cockeysville Md.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C93983 — 91 C93983

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 N. Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara A. Vontek

(Residence in Baltimore: No. 1359 N. Chapel St. St.: ...yrs. 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Infant

6-DATE OF BIRTH, July (Month) 22 (Day) 1915. (Year)

7-AGE, ...yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Vontek

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Anna Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emilia Lutz

(Address) 1359 N. Chapel St

15. APR 8 - 1916 Filed....., 191... ROBERT, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7th (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 7th 1916, that I saw h.. alive on April 6 1916, and that death occurred, on the date stated above, at 3.20 P.M.

The CAUSE OF DEATH* was as follows:

.....

.....

Bronchio Pneumonia 6 days

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Frank J. Ayd M. D.

3/7/16., 191... (Address) 1427 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 9, 1916.
20-UNDERTAKER Frank Evachs Son	ADDRESS 1904 Eastern Ave

Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C93984

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Madiera St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Yanes

(Residence in Baltimore: No. 705 N Madiera St.; 34 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Not Known ..... (Month), ... (Day), 1 ..... (Year)

7-AGE, ... 71 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.
(b) General natnre of industry, business, or establishment in which employed (or employer) ..... At Home.

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jas. Yanes

(Address) ..... 703 N. Madiera

15- Filed APR 8 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... (Month), ... 6 ..... (Day), 1916 ..... (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to Apl 6 1916, that I saw h[er] alive on Apl 6 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Abscess .....

..... (Duration) ..... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) ..... Apoplexy .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... J. H. Wilson ..... M. D.

Apl 6, 1916. (Address) 16 S. Bradley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 8, 1916
20-UNDERTAKER	ADDRESS
Frank Brach & Son	1914 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93985

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93985

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 204 S Caroline St.: 3 WARD) REGISTERED No. C

2-FULL NAME May Fletcher
(Residence in Baltimore: No. 204 S. Caroline St.; yrs., 40 mos. da.)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 1st (Day), 1868 (Year)

7-AGE, 47 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John H. Clyde

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Abbott

(Address) 236 S. Caroline

15- Filed APR 8 - 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Valvular Heart disease

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Wm. Gardner Savage M. D.
(Coroner.)

Apr. 7th, 1916 (Address) 1729 Mpleton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel	April 8th, 1916
20-UNDERTAKER	ADDRESS
Randall Trippel & Son	330 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93986 C93986

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 E Pratt St.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla J. Schafer

(Residence in Baltimore: No. 629 E Pratt St.; 64 yrs., 6 mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 26, 1851 (Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, August Clark

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary Francis

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jona Hahn

(Address) 629 E Pratt

15- APR 8 - 1916 Filed....., 191.... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to April 5 1916, that I saw h.r alive on April 5 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) yrs. 3 mos. ds.

(Signed) J. M. Lemmerman M. D.

April 7, 1916 (Address) 826 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 8 1916
20-UNDERTAKER H. J. Tickner & Son	ADDRESS Lemmon Bath

Lemmon 826 N Carrollton Ave

Spec.—8-26-14—M. & T.—2000 Bks.

C93987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 93987

CITY OF BALTIMORE: (No. 2911 Chelsea Road ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Marshall

(Residence in Baltimore: No. 2911 Chelsea Road St. Life yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: about 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain 27
(b) General nature of industry, business, or establishment in which employed (or employer): in U.S Army

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Wm C Marshall

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Marshall

(Address) 2911 Chelsea Rd

15-APR 8 - 1916 Filed, 191... HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 6, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apl. 2 1916, to Apl. 6 1916, that I saw him alive on Apl. 6 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Old age

(Duration) yrs. mos. ds.

(Signed) Herbert C Blake M. D.

Apl 7, 1916 (Address) 1014 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Cemetery — DATE OF BURIAL, April 10, 1916

20-UNDERTAKER: H L Richardson — ADDRESS: Penn & Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

093988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

093988

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sally Stolitz (If not over 1 year, St.; ..... yrs. ..... mos. ..... ds.)

(Residence in Baltimore: No. 701 W. Mulberry St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) ..... (Day) ....., 19.. (Year)

7-AGE, About 25 yrs. ..... mos. ..... dys. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Home Wife (b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. Bush

(Address) 1117 N. Eutaw St.

15- Filed APR 8 - 1916, 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 6 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 6 1916; that I saw her alive on April 6 1916, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Cancer Carcinoma

(Duration) ..... yrs. ..... mos. 7 dys.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... dys.

(Signed) P. W. Rush M. D.

4-6-, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 dys. In the State 20 yrs. — mos. — dys.

Where was disease contracted, if not at place of death? 701 W Mulberry

Former or usual residence 701 W Mulberry

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, 4-8-, 1916.

20-UNDERTAKER J. A. Brooks

ADDRESS 1107 Eutaw St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C93989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (City of Baltimore) (No. 4 Howard House St.: ... Ward) Registered No. C 161

2-FULL NAME Lenora B. Cunningham

(Residence in Baltimore: No. New Howard House St.; yrs., ... mos. 2 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) July 14, (Day) 1868 (Year)

7-AGE, ... yrs. 56 mos. 2 ds. 24

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Saleswoman

9-BIRTHPLACE, (State or Country), St Louis Mo

PARENTS.

10-NAME OF FATHER, Lenora B. Cunningham

11-BIRTHPLACE OF FATHER (State or Country), St Louis

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), St Louis Mo

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Cunningham

(Address) 130 Washington Blvd St Louis

15- APR 8 - 1916 HEALTH OFFICER'S

Filed ..., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage & Shock (Suicide)

Shot himself (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Melancholia (Duration) ... yrs. ... mos. ... ds.

(Signed) J. G. Jeffries (Coroner.) M. D.

Apr 7, 1916 (Address) 534 W Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. 2 ds.

Where was disease contracted, if not at place of death? New Howard House St Louis Mo

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Louis Mo — DATE OF BURIAL, April 8, 1916

20-UNDERTAKER Rolf J. Turner — ADDRESS 1442 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Story window of New Howard House.

Statement of Occupation

April 26/16

I Hereby certify that in case of death of L. B. Cunningham I stated that cause was due to Suicide having been misinformed.

The party fell accidentally from the window instead of jumping and I thus authorize change of cause as stated in said certificate

J. G. Jeffers M.D. Coroner.

State of Maryland }
City of Baltimore }

Subscribed and sworn to before me this
26th Day of April 1916.

Augustus W. Bradford
Notary Public.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93990 C93990

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Gay ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P Kellilea

(Residence in Baltimore: No. 724 N Gay St. St.; 30 yrs., 5 mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October (Month) 20 (Day), 1885 (Year)

7-AGE, 30 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dyer & Scourer
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Lowe 897

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Patrick Kellilea

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Dolan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Kellilea

(Address) 724 N. Gay St.

15- APR 8 - 1916 Filed....., 191... MARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Apr. 6 1916, that I saw h-malive on Apr. 6 1916, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Brunstock M. D.

Apr. 7, 1916. (Address) 720 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Apr. 10, 1916.

20-UNDERTAKER Henry Hosell Son

ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C93991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C93991

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 854 Columbia Av ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Riall

(Residence in Baltimore: No. 854 Columbia Av St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unknown, 18.24 (Month) (Day) (Year)

7-AGE, 42 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Md Casualty Co

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Benton Riall

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Annie Howard

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Riall

(Address) 854 Columbia ave

15- Filed APR 8 - 1916, 191.... HARRY O ANDERS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to April 1916, that I saw him alive on April 6th 1916, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Stomach

(Duration) yrs. 3 mos. ds.

(Signed) Stephen A Davis M. D.

April 7, 1916. (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, April 9, 1916

20-UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C93992 — 61 — C93992

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 N Bond St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L Pinkney

(Residence in Baltimore: No. 809 N Bond St.; 2 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: February (Month) 6 (Day), 1914 (Year)

7-AGE: 2 yrs. 2 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Willard A Pinkney

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Fannie R Johnson

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willard Allen Pinkney

(Address) 809 N. Bond St

APR 8 - 1916 — [illegible] Burial Permit Clerk

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1916, to April 6 1916, that I saw h[illegible] alive on April 6, 1916, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

(Duration) ..... yrs. ..... mos. 24 ds

Contributory (SECONDARY): Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alex A Sage M D M. D.

4/6/16, 191 (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: 4/8, 191 6

UNDERTAKER: Samuel L Kennedy — ADDRESS: 578 N Bidle

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93993

CERTIFICATE OF DEATH.

92 C93993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Lorraine ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Smith.

(Residence in Baltimore: No. 524 Lorraine St.; 12 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year) .....

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Co Club

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Smith Sr

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eukeny Brison

(Address) 2005 Fleming St

15-

Filed APR 8 - 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1916, to April 5 1916, that I saw h[illegible] alive on April 5 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

a

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

..... (Duration) 5 yrs. 18 mos. ..... ds.

(Signed) J M V Magher M. D.

April 6, 191.. (Address) 1209 Presbman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, 4/8, 191..

20-UNDERTAKER, Samuel T Hemsley — ADDRESS 578 N Bond

C93994

HEALTH DEPARTMENT---CITY OF BALTIMORE

C93994

CERTIFICATE OF DEATH

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Cole St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Locher

(Residence in Baltimore: No. 1602 Cole St.; 84 yrs. 2 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Jan (Month) 29 (Day) 1831 (Year)

7-AGE: 86 yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired 323
(b) General nature of Industry, business, or establishment in which employed (or employer): Iron Worker

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Gottlieb Locher

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Green

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Locher

(Address) 1602 Cole St

15- APR 8 - 1916 Filed ....., 191 HARRY O ANDREWS, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd, 1916, to, April 7 1916, that I saw h-im alive on April 7th 1916, and that death occurred, on the date stated above, at 4:30A m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) — yrs — mos. 1 ds.

Contributory (SECONDARY) Senility

(Duration) — yrs — mos. 5 ds.

(Signed) Mrs L. F. Blaney M. D.

April 7 1916 [Address] 1108 S. Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Most. Holy Redeemer Cem.	Apr. 10th 1916
20-UNDERTAKER: John J Cowan Son	ADDRESS: 901 Hollins St.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93995 C93995

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Hertel

(Residence in Baltimore: No. 2607 Orleans St.; 32 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 3 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rosa Makel

(Address)..... 411 N. Luzerne Ave

15-APR 8 - 1916 MARRIAGE AND BIRTHS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 5th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to April 5 1916, that I saw her alive on April 5 1916 and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Several years
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Jos. Carothers M. D.

April 7, 1916 (Address) 6 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL. Apl. 9, 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C93996

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93996

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N Lakewood ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Passano

(Residence in Baltimore) No. 415 N Lakewood ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Abt about 1st (Month) (Day) 1865 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 4 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter Since 87
(b) General nature of industry, business, or establishment in which employed (or employer): Contg - Employe

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John a Ryan

(Address) 415 N Lakewood ave

15- APR 8 - 1916 Filed....., 191.....

Marial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to April 1916, that I saw him alive on April 6 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3/4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) A. E. Bacon M. D.

April 7, 1916. (Address) 1009 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. April 1, 1916.

20-UNDERTAKER Chas F Bowers Son ADDRESS 18 W Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C93997

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93997

CERTIFICATE OF DEATH.

92

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos., ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Kornmann

(Residence in Baltimore: No. 18 N Milton ave St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 3 (Day), 1861 (Year)

7-AGE, 55 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) Drummer

9-BIRTHPLACE, (State or Country), City Md Mary land

PARENTS.

10-NAME OF FATHER, Henry Kornmann

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Caroline Hamil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Kornmann

(Address) 18 N Milton ave

15- APR 8 - 1916 Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 7 1916, that I saw h- alive on April 7 1916, and that death occurred, on the date stated above, at 1 9, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. 12 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. E. Brown M. D.

4/7..., 191.6 (Address) Franklin Sq Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 18 N Milton ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 10, 1916

20-UNDERTAKER Isaiah Seylar — ADDRESS 600 W North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—24-14—M. & T.—2000 Bks.

C93998 HEALTH DEPARTMENT—CITY OF BALTIMORE C93998

CERTIFICATE OF DEATH. x129

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 9 Franklin Sq Hos ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Rock.

(Residence in Baltimore: No. Franklin Square Hospital St.; ..... yrs., ... mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: May (Month) 4 (Day) 1866 (Year)

7-AGE: 49 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: William Gallagher.

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Henrietta Sisson

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto B. Rock

(Address) Lyells Va

15- Filed APR 8 - 1916 191.... HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 8 (Day) 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from August 30 1915, to April 8 1916, that I saw h-- alive on April 8 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock.

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Jos. T. Shaw M. D.

4/8....., 1916 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Lydia Va.

19-PLACE OF BURIAL OR REMOVAL: Lyells Va — DATE OF BURIAL, April 8, 1916

20-UNDERTAKER: Joseph B Cook — ADDRESS 100 S Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C93999 ×120 C93999

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hos. ST.; 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Smith

(Residence in Baltimore: No. Franklin Square Hosp St.; ..... yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-CONDITION. (Write the word)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 28 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Denton Md

PARENTS.

10-NAME OF FATHER, F. Elmi

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Sarah A Fountain

13-BIRTHPLACE OF MOTHER (State or Country), Denton Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas F Smith

(Address) Ridgely Md.

15- Filed APR 8 - 1916, 191.... BURIAL PERMIT CLERK, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to April 7 1916, that I saw h[illegible] alive on April 7 1916, and that death occurred, on the date stated above, at 8 P, m. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis ..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Comp

..... (Duration) ..... yrs. ..... mos. 4 ..... ds.

(Signed) Geo. T. Smith M. D.

4/7, 191.. (Address) Franklin Sq. Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs, ... mos. 10 ds. In the State 1 yr. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence Ridgely Md.

19-PLACE OF BURIAL OR REMOVAL, Ridgely Md. DATE OF BURIAL, 4/8, 191..

20-UNDERTAKER Cooper & Cook ADDRESS 1003 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1000

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 C 94000

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3700 E Hoffman St., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clementine Brooks

(Residence in Baltimore: No. 3700 E Hoffman St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Bennett Sitzler

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Sat Lewis Strubeck

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian E. Gatch

(Address) 514 N Arlington Ave

15- APR 8 - 1916 191 Deputy Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to, April 6 1916,
that I saw h[er] alive on April 6 1916,
and that death occurred, on the date stated above, at 2 P., m.
The CAUSE OF DEATH* was as follows:

Shock followed by Pleurisy

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Edema of lung

(Duration) yrs. mos. 3 ds.

(Signed), Ernest H Ellwood M. D.

April 7 1916 [Address] 1716 E Eager St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: April 8 1916

20-UNDERTAKER: Joseph L. B Cook | ADDRESS: 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94001 C94001

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Franklin ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Bauman

(Residence in Baltimore: No. 1101 Franklin St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Malachia Kleman

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dolan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Bauman

(Address) 810 N. Carey St.

15- APR 8 - 1916 Filed....., 191... HARRY O ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to April 6 1916, that I saw her alive on April 6 1916, and that death occurred, on the date stated above, at 18.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia (Lobar)
Result of attack of La Grippe
Feb 1916

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Valv. Lesion of Heart

(Duration) yrs. mos. dy.

(Signed) A H Sexton M. D.

April 8, 1916... (Address) 432 Mary St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 10, 1916.
20-UNDERTAKER	ADDRESS
W. F. Fahey & Sons	116 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHETHER DEATH, WITH OR WITHOUT MEDICAL ATTENDANCE, SHALL BE REPORTED TO THE CORONER FOR INVESTIGATION, AND THE DISPOSITION OF THE BODY PENDING SUCH INVESTIGATION, IS LEFT TO THE DISCRETION OF THE CORONER. THE CORONER'S PERMIT SHALL BE OBTAINED BEFORE BURIAL OR REMOVAL FROM THE CITY. THE UNDERTAKER SHALL DELIVER THIS CERTIFICATE TO THE CORONER, WHO SHALL RETURN IT TO THE HEALTH DEPARTMENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94002 64 C94002

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2111 Homewood Av 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Alexander F. Bonnoser

(Residence in Baltimore: No. 2111 Homewood Av ot.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Jan (Month) 31 (Day), 1846 (Year)

7. AGE: 70 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Insurance Co's 977

9. BIRTHPLACE (State or country): Balto City

PARENTS

10. NAME OF FATHER: Jno P. Bonnoser

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Eva Spangler

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Bonnoser

(Address) 2111 Homewood

APR 8 - 1916 Filed ....., 191

HARRY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 6th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1916, to April 6th 1916, that I saw h[illegible] alive on April 6th, 1916, and that death occurred, on the date stated above, at 6 A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W X Forsmith M. D.

April 7th, 1916 (Address) 117 W Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: April 9, 1916

20. UNDERTAKER: Jno. J. Bakey & Son

ADDRESS: 518 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C94003

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94003

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Tyson ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Randell

(Residence in Baltimore: No. 707 Tyson St.; 2 yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, March 3, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Robert Randell

11-BIRTHPLACE OF FATHER (State or Country), West Point Va

12-MAIDEN NAME OF MOTHER Della Patterson

13-BIRTHPLACE OF MOTHER (State or Country), York Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Randell

(Address) 704 Tyson St

15. APR 8 - 1916 MARRI O AL ...S,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5th 1916, to April 7th 1916, that I saw h.. alive on April 7 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

.....Bronchio-Pneumonia

..... (Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Frank E Stuffley M. D.

April 7th, 1916 (Address) 1414 Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	April 9, 1916

20-UNDERTAKER	ADDRESS
John H Owens	1222 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—5-19-13—M. & T.—500 Bks.

C94004 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C94004

CERTIFICATE OF DEATH. 43

1-PLACE OF DEATH 1929 St Paul St

CITY OF BALTIMORE: (No. Baltimore ST.; 12 WARD)

2-FULL NAME Susie Mayer Thomas.

(Residence in Baltimore: No. 1929 St Paul St St.; afr yrs., mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 26 1870, 1 (Month) (Day) (Year)

7-AGE, 45 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward L. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Susannah Adreon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. A. Thomas

(Address) 1929 St. Paul St

15-

Filed APR 8 - 1916 191 Rachel O Andrews Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th (Month) Apr. (Day) 7th (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Years. 191, to April 7 1916, that I saw h er alive on Apl 7th 1916, and that death occurred, on the date stated above, at 5.15 p. m.

The CAUSE OF DEATH* was as follows:

Extraction. Carcinoma of Breast
Op & Removal in 1915 = Recurrence in
Stomach & Liver. Abdominal Dropsy
in 4 mos Following Op. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) About 1 Year

(Duration) yrs. mos. ds.

(Signed) Charles F. Bevan M. D.

, 191... (Address) 807 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, April 10 191 6

20-UNDERTAKER Graham F. Walker

ADDRESS 723 W Lafayette

Spec.—5-18-13—M. & T.—500 Bks.

C94005

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94005

CERTIFICATE OF DEATH.

42

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N Fremont Ave St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Wright

(Residence in Baltimore: No. 402 N Fremont Ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1866 (Year)

7-AGE, 50 yrs. — mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Chestertown Md.

PARENTS.

10-NAME OF FATHER, John Goldsborough

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Maria Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wright Kent

(Address) 516 W. Cross St

15-

Filed APR 8 - 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1915, to April 7 1916, that I saw h[illegible] alive on April 4 1916, and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows:

Pneumonia of Influenza

Edema

(Duration) ..... yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) ..... yrs. 3 mos. 11 ds.

(Signed) C. H. Frolen M. D.

April 7, 1916 (Address) 714 S. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. DATE OF BURIAL, April 9, 1916

20-UNDERTAKER John H. Toadvine ADDRESS 142 W. Hill St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94006

CERTIFICATE OF DEATH.

150

C94006

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Friendsberry St; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Harry Carey

(Residence in Baltimore: No. 1614 Friendsberry St St.; ....yrs.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 31, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Morris a Carey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elz. E. Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris a Carey

(Address) 1614 Friendsberry St

15-
Filed APR 8 - 1916 HARRY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1916, to Apr 6 1916, that I saw h[illegible] alive on Apr 5 1916, and that death occurred, on the date stated above, at 3. Am. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Due from
Hepatic Congestion
Probably associated with
Congenital Heart defect
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
Apr 8, 1916 (Address) 384 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Apl 8, 1916.
20-UNDERTAKER	ADDRESS
Edmondson	Edmondson Ave

M 3026

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94007 C94007

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Powers ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda A. Abbott

(Residence in Baltimore: No. 815 Powers St ... St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Oct. 17, 1832
(Month) (Day) (Year)

7-AGE, 83 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Ormacost

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER — Katherine Houck

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie A. Buchman

(Address) 815 Powers St.

15- [illegible] ANDREWS,
Burial Permit Clerk.
Filed APR 8 - 1916
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 7 1916, that I saw h[illegible] alive on April 6 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 36 hrs

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 5 yrs. mos. ds.

(Signed) O. Newell Duvall M. D.

April 7, 1916. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hampstead Md	April 10, 1916

20-UNDERTAKER Horace Burgee Son ADDRESS 363 [illegible]

N. B.—Every item of information should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94008 C94008

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 411 S. Dallas ST.: 3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lizzie Holly

(Residence in Baltimore: No. 411 S. Dallas St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown (Month) (Day), 1847 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucy Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H Dunn

(Address) 1303 Pratt St.

15-

Filed AUG 9 1916 1916 HARRY O ANDREWS, Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Valvular Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. M. Savage M. D. (Coroner.)

Apr. 7, 1916 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 8, 1916

20-UNDERTAKER James H Dunn — ADDRESS 1303 Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94009

C94009

152

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1529 Holbrook ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Harrison Gosnell Jr.

(Residence in Baltimore: No. 1529 Holbrook St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 16 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, B. H. Gosnell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER C M Zeller

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B H Gosnell

(Address) 1906 Hope St.

15- Filed APR 9 - 1916, 191.... HARRY O ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1916, to April 8 1916, that I saw h.. alive on April 8 1916, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. 3/4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Lee Magness M. D.

April 8 1916 (Address) 1206 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 9, 1916

20-UNDERTAKER Elbert Fitzpatrick ADDRESS 2433 N. Howard Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C94010 HEALTH DEPARTMENT—CITY OF BALTIMORE 81

C94010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1005 N. Woodyear street, ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jemima Sherwood,

(Residence in Baltimore: No. 1005 N. Woodyear street, St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, ...Unknown...., (Month) ....., (Day) 1846 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country). Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Perry Brown, son,

(Address) 258 N. Arlington ave.

15- APR 9 - 1916 REGISTRAR OF ANSWERS

Filed....., 191.... Marial Hermit Clark
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...April....5th...., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) inquiry ...find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Atheromatous myocarditis,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ..Senile involution,.....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Stengel M. D.
(Coroner.)

April 5, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Riverview Cemetery	APR 7. 1916
20-UNDERTAKER James F. Dennis	ADDRESS 1303 PRESSTMAN ST.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94011

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94011

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yetta Cohen.

(Residence in Baltimore: No. 1422 Mosher St.; 11 yrs., 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5th (Day), 1904 (Year)

7-AGE, 11 yrs. 10 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Blum

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis

(Address)..... 1411 E. Baltimore St.

15- APR 9 - 1916 Filed....., 191.... HARRY O ANDREWS, Special Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 8 1916, that I saw h[illegible] alive on April 8 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration).....yrs.....mos.....ds.

(Signed) Joseph G. Kraus M. D.

April 8, 1916 (Address) 1406 W. Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Rosedale Cem. DATE OF BURIAL, 4/8, 1916

20-UNDERTAKER Jacob Lewis ADDRESS E. Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94012

CERTIFICATE OF DEATH.

C94012

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Merker

(Residence in Baltimore: No. 708 N. Fremont Ave St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1902 (Year)

7-AGE, 14 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Hyman Merker

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Rosenstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levin

(Address) 1411 E Baltimore St

15- APR 9 - 1916

Filed ..... 191.....

HARRY O ADAMS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/4/1916, to 4/7/1916, that I saw h.. alive on 4/7/1916, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

.....

.....

..... (Duration) 14 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

..... (Duration) — yrs. — mos. 3 hrs

(Signed) M B Levin M. D.

....., 191... (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 14 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 708 N. Fremont Ave

Former or usual residence 208 N. Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Workmen Circle Mt C.... DATE OF BURIAL, 4/9 1916

20-UNDERTAKER Jacob Levy ADDRESS E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C94013

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94013

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsher Joseph Willis

(Residence in Baltimore: No. 932 Ailgmith St St.; ..... yrs., ... mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 14, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Willis

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie —

13-BIRTHPLACE OF MOTHER (State or Country), Unknown —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 9 - 1916, 191.. BUREAU OF VITAL STATISTICS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 7 1916, that I saw him alive on April 7 1916, and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:

..... Atelectasis

.....

.....

..... (Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) ..... Pneumonia, bronchial

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... Gilbert L. Rosenthal ..... M. D.

April 8, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. — mos. 24 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 932 Ailgmith St

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL. April 9, 1916.

20-UNDERTAKER J. H. McCausland ADDRESS 1624 Mo. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C94014

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C94014

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2546 Mc Culloh ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Erlanger

(Residence if Baltimore: No. 2546 McCulloch St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec. 6 (Month) (Day), 1875 (Year)

7-AGE, 40 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Furniture Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 166

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Max. Erlanger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Kuhn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rosa Erlanger

(Address)..... 2546 Mc. Culloh

APR 9 - 1916 HARRY O ANDREWS, Filed....., 19.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1916, to April 7 1916, that I saw h.. alive on April 7 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as followa:

.....a.....

Pulmonary Tuberculosis

.....

..... (Duration) 17 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hemoptysis; Asthenia

.....c..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Jesse P. Hamburger M. D.

April 8, 1916. (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oheb Shalom Cem	4-9, 1916.
20-UNDERTAKER	ADDRESS
J. Chasen Co	1611 Bank

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94015 C94015

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 404 S. Exeter ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salatino Tomborino

(Residence in Baltimore: No. 404 S. Exeter st., St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Apr. (Month) 8 (Day), 1916 (Year)

7-AGE, — yrs. — mos. X ds. If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Antonio Tomborino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Rosso

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonio Tomborino

(Address) 404 S. Exeter St.

15- Filed APR 9 - 1916, 191...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 8 1916, that I saw h*im* alive on April 8 1916, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Strangulation during birth by umbilical cord

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. L. Valentine M. D.

April 8, 1916. (Address) 16 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent

DATE OF BURIAL, Apr. 9th, 1916

20-UNDERTAKER Trudell Lippel & Son

ADDRESS 330 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C94016

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94016

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 607 S. Sharp ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Saunders

(Residence in Baltimore: No. 607 S. Sharp St.; 20 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: unknown (Month) (Day), 1888 (Year)

7-AGE: 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Helper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pungoteague Va.

PARENTS.

10-NAME OF FATHER: Robert Binns

11-BIRTHPLACE OF FATHER (State or Country): Pungoteague, Va.

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Binns

(Address) 607 Sharp St.

15- Filed APR 9 - 1916, 191... HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 7 1916, that I saw h[illegible] alive on April 7 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Mitis ~~Tuberculosis~~

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) J. Guy Bowley M. D.

4/8/16 1916 (Address) 136 W. Hoyt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Accomack Co. Va Harborton — DATE OF BURIAL: April 12 1916

20-UNDERTAKER: J. L. Bromwell Son — ADDRESS: 108 W. Monument St

Harborton Wharf. Acco. Va B Co. Rokete

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94017 C94017

CERTIFICATE OF DEATH.

47

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 954 N. Duncan ST.; 7 WARD)
2-FULL NAME John A. Helscher
(Residence in Baltimore: No. 954 N. Duncan St.; yrs., 5 mos. 7 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS AS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, April 1, 1911
(Month) (Day) (Year)

7-AGE, 5 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Helscher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Sok

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Helscher
(Address) 954 N. Duncan st

15-
Filed APR 9 - 1916, 191.. HARRY O. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 2 191 6, to April 191 8,
that I saw h.. alive on April 191 8,
and that death occurred, on the date stated above, at 1 4 m.
The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 1 4 ds.

(Signed) W. J. Gardner M. D.
April 8, 191.. (Address) 1200 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rollerner — DATE OF BURIAL, April 10, 1916.

20-UNDERTAKER Frank H. Wachsberger — ADDRESS 1904 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94018

C94018 91

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 609 N. Montford ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Ellis

(Residence in Baltimore: No. 609 N. Montford ave St.; ..... yrs., 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Sept 5 (Month), (Day), 1915 (Year)

7-AGE, ... yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Ellis

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Louisa Schecle

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Ellis

(Address) 609 N. Montford ave

15- Filed APR 9 - 1916 191.. HARRY O. ANDREWS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9 (Month), (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1916, to April 9 1916, that I saw h.. alive on April 8 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Adolph C. Eisenberg M. D.

April 9, 1916. (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, [redacted] Redeemer — DATE OF BURIAL, April 10, 1916.

20-UNDERTAKER Frank Coad & Son — ADDRESS 1401 Carlton ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 lots

C94019 HEALTH DEPARTMENT—CITY OF BALTIMORE C94019

CERTIFICATE OF DI 92

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1203 W Lombard St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy A Hovest

(Residence in Baltimore: No. 1203 W Lombard St.; 63 yrs. mos. ds.)

CAUSE OF DEATH must be carefully and correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 16, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 0 mos. 22 ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Howard Co.

PARENTS.

10-NAME OF FATHER, Edward Fisher

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Gerode

13-BIRTHPLACE OF MOTHER (State or Country), Talbott Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dill

(Address) 1203 W. Lombard st

15-

Filed APR 9 - 1916 191 BARRY V. ADAMS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 6 1916, that I saw h e alive on April 6 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. ds.

(Signed) Asher A. Wise M. D.

April 7, 1916. (Address) 1520 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, April 10, 1916.

20-UNDERTAKER John G. Fields — ADDRESS 1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94020 C94020

CERTIFICATE OF DEATH. 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Burgundy St.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Cooper (Cooper)

(Residence in Baltimore: No. 608 Burgundy 25 St.; 17 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown 18.. (Month) (Day) (Year)

7-AGE, 17 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter 640
(b) General nature of industry, business, or establishment in which employed (or employer): N. Clerk

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Richard Cooper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lydia Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Cooper

(Address) 608 Burgundy st.

15- APR 9 - 1916 Filed 191. HARRY O. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 5, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 5 1916, that I saw h-m- alive on April 5 1916, and that death occurred, on the date stated above, at 1035 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Stomach

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Weakness of Heart

(Duration) yrs. mos. 2 ds.

(Signed) D. H. K. Kennard M. D.

April 6, 1916 (Address) 708 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 9, 191.6

20-UNDERTAKER Alfred E. Friedland ADDRESS 1114 N. Gilmore

C94021

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94021

CERTIFICATE OF DEATH

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 E 4 Richland St.: 13 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Arlington Belmar (Belmar)

(Residence in Baltimore: No. 15 E 4 Richland St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April 8, 1857 (Month) (Day) (Year)

7-AGE: 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Solicitor 956
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Albany N.J.

PARENTS

10-NAME OF FATHER: Not Known.

11-BIRTHPLACE OF FATHER (State or country): Not Known.

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy K. Belmar.

(Address) 15 E 4 Richland.

15- Filed APR 9 - 1916, 191 HARRY O ARNOLD, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1916, to April 8 1916, that I saw him alive on March 13, 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Nathaniel Garb M. D.

April 8, 1916. (Address) 2731 Parkwood.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: 4/11, 1916

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C94022

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94022

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 West Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Edward Lonley

(Residence in Baltimore: No. 1418 W Franklin St.; 70 yrs., 2 mos. 7 ds.)

WRITE PLAINLY. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Jan 31, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 2 mos. 7 ds. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Yard master 54
(b) General nature of industry, business, or establishment in which employed (or employer): B & O Railroad

9-BIRTHPLACE, (State or Country), Montgomery Co Md.

PARENTS.

10-NAME OF FATHER, Felix Lonley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Maria Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Patapsco Neck Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E Harvey

(Address) 1418 W Franklin St

15- Filed APR 9 - 1916, 191... HARRY O ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Apr 6 1916, that I saw him alive on Apr 6 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Sclerosis

(Duration) yrs. mos. ds.

(Signed) Louis M Eastman M. D.

Apr 7, 1916. (Address) 1505 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cork	4/10, 1916.
20-UNDERTAKER William Cook	ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Blks.

C94023

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94023

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot Infirmary ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Say

(Residence in Baltimore: No. 1232 Light St. Baltimore, St.; ...yrs., ...mos. ...ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Don't know ..... (Month) ..... (Day) 1847 (Year)

7-AGE, 69 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John Say

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Irwin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Trumbo

(Address) 1416 S. Charles

15- APR 9 - 1916 DAVID A. ANDREWS, Filed....., 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 8 1916, that I saw him alive on April 8 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

..... (Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Disease

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Emma L Chaffee M. D.

Apr 8, 1916. (Address) Union Prot Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State 69 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 1232 Light

Former or usual residence 1232 Light

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, April 11, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. Monument

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94024 C94024

CERTIFICATE OF DEATH.

10

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Eight ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otho N Foss

(Residence in Baltimore: No. 1526 Light St.; 52 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 1, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can Capper
(b) General nature of industry, business, or establishment in which employed (or employer): 384

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John A. Foss

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Hasa

(Address) 1526 Light

15- APR 9 - 1916 Filed....., 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 7" 1916, to Apr. 8" 1916, that I saw him alive on Apr 7" 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

a Heart failure

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) 1 yrs. 1 mos. 10 ds.

(Signed) E. Kerkhoff M. D.

Apr 9" 1916 (Address) 1228 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem	4/11, 1916
20-UNDERTAKER	ADDRESS
J. Frew McCully	39 E Fort.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94025 C94025

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Koerner

(Residence in Baltimore: No. 408 N. Port St. St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, Feb. (Month) 8 (Day), 1907 (Year)

7-AGE, 9 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George J. Koerner.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Elizabeth Bartell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Koerner

(Address) 408 N. Port St.

15- FILED APR 9 - 1916, 191... HANNY O ANDREWS, Burial Permit Clerk's Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to April 6 1916, that I saw him alive on April 6 1916, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus.

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Fractured Femur due to fall accident. (Duration) yrs. 2 mos. ds.

(Signed) J. M. Winston Coroner M. D.

April 6, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 408 N. Port St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer ... DATE OF BURIAL, April 10, 1916

20-UNDERTAKER Tilly & Feiler ADDRESS 408 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94026

HEALTH DEPARTMENT—CITY OF BALTIMORE

156

C94026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In shack in the rear of
OF BALTIMORE (No. 2841 W. Lafayette avenue, ST.: 16 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Longley,

(Residence in Baltimore: No. In aforesaid shack, St.; 38 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male,	White,	Married,

6-DATE OF BIRTH. ..... April (Month) 28th (Day), 1861. (Year)

7-AGE, 54 yrs. 11 mos. 10 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stonemason,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Benjamin Longley,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Caroline Shiveley,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Longley, brother,

(Address) 2454 W. Lanvale street.

15- APR 9 - 1916 BOARD OF HEALTH,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating gas,
(suicide)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frederick Kemp M. D.
(Coroner.)

April 8, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 10, 1916

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

Spec.—b 24 14—M. & T.—2000 Blks.

C94027 C94027

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2507 Glenwood Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Elizabeth Graham.

(Residence in Baltimore: No. 2507 Glenwood Ave St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 8th (Day), 1914 (Year)

7-AGE, 2 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, John A Graham Jr

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rita Reynolds

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Graham Jr.

(Address) 2507 Glenwood Ave.

15- Filed APR 9 - 1916, 191.. Registrar. Burial Permit Clerk's

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1916, to April 8th 1916, that I saw h-e alive on April 8th 1916, and that death occurred, on the date stated above, at 4-45 a.m.

The CAUSE OF DEATH* was as follows:

1a. Gastro-Enteritis

.....

..... (Duration) ....yrs. ....mos. 2m. ds.

CONTRIBUTORY (Secondary) Eclampsia

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) J. Lofton Preston Bullock M. D.

April 8, 1916 (Address) 2264 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 4-10, 1916

20-UNDERTAKER Chas Coates & Son ADDRESS 118 W. Mt. Royal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94028 C94028

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Greenmount Ave ST.; 10 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elizabeth Heinekamp

(Residence in Baltimore: No. 1102 Greenmount Ave St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. March 2 1842
(Month) (Day) (Year)

7-AGE. 67 yrs. 1 mos. 5 ds.

If LESS than 1 day. ....hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gable

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert C Heinekamp

(Address) 683 Columbia Ave

15-

Filed APR 9 - 1916 191 BABM'O AND RAWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to April 7 1916, that I saw her alive on March 25, 1916, and that death occurred, on the date stated above, at 6 45 p m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Chronic Myocarditis
(Duration) 4 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation
(Duration) yrs. mos. ds.

(Signed) E B Freeman M. D.

4/7, 1916 (Address) 412 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, April 10, 1916

20-UNDERTAKER James Dignan & Son — ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

C94029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C94029

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Ethelwood Lane ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Clara L. Hendricks

(Residence in Baltimore: No. 633 Ethelwood Lane St.; 47 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 24th, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of Industry, business, or establishment in which employed (or employer)..... at Home.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adolph Geistenberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amalia Hendrichs

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick R. Hendricks

(Address) 633 Ethelwood Lane.

15- Filed APR 9 - 1916 BUREAU OF VITAL STATISTICS, 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1916, to April 8th 1916, that I saw h[illegible] alive on April 5th 1916, and that death occurred, on the date stated above, at 9.15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

Duration 6 mos.

CONTRIBUTORY (Secondary) Exhaustion Syncope

(Duration) yrs. mos. 7 ds.

(Signed) William J. Gillbury M. D.

April 8th, 1916. (Address) 3501 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Carmel Cemetery. DATE OF BURIAL, April 11th, 1916.

20-UNDERTAKER Mr. & Mrs. Chas. H. Seifert ADDRESS 841 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94030 C94030

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Woodall ST.; 24 WARD)

2-FULL NAME Mary E Holmes (Holmes)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1442 Woodall St.; ....yrs., 1 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 8, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Edward V Holmes

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary E Reubush

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E V Holmes

(Address) 1442 Woodall

15- APR 9 - 1916 Filed....., 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 7 1916, that I saw her alive on April 7 1916, and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(Duration) ....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R L Campbell M. D.

April 7, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 9, 1916

20-UNDERTAKER E & J Burke ADDRESS 115 E Lex

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94031

CERTIFICATE OF DEATH.

120 C94031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 671 Pierce St ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Payne

(Residence in Baltimore: No. 671 Pierce St St.; C yrs. C mos. C ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1854 (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Rogers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Hattie Payne

(Address)..671 Pierce St St

15-

Filed APR 9 - 1916 BUREAU OF VITAL STATISTICS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th (Month) (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 31st 1916, to Apl 7th 1916, that I saw h[illegible] alive on april 6th 1916, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Coma with chronic interstitial nephritis

(Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Gustav Goldmann M. D.

Apl 9th, 1916. (Address) 656 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	4/9, 1916
20-UNDERTAKER	ADDRESS
Arnold Hensley	1732 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94032

CERTIFICATE OF DEATH.

150

C94032

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Simmons

(Residence in Baltimore: No. 204 N. Curley St.; —yrs., —mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 7, 1916
(Month) (Day) (Year)

7-AGE, —yrs. —mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert B. Simmons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida F. Westphal

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert B Simmons

(Address) 204 N. Curley St

15- APR 9 - 1916 HEALTH DEPARTMENT Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1916, to Apr 8 1916, that I saw h[illegible]live on Apr 8 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Aortic Valvular Heart Disease

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Foramen Ovale

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. K. Meyer M. D.

4/9/1916, 191.. (Address) 201 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Md DATE OF BURIAL, Apr. 9, 1916.

20-UNDERTAKER Christain Miller ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94033 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C94033

CERTIFICATE OF DEATH. 92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. Duncan ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada J. Evers

(Residence in Baltimore: No. 407 S. Duncan St.; 1 yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, December 26, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Henry Evers

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Lena Beckner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Evers

(Address)..... 407 S. Duncan St.

15- APR 9 - 1916 Filed..... 191.....

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 16, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 7 1916, to Apr 8 1916, that I saw h[illegible] alive on Apr 7 1916, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....1. Pneumonia Lobar.....

..... (Duration).....yrs.....mos...3...ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration).....yrs.....mos....1...ds.

(Signed)..... M. D.

Apr. 8, 191.6. (Address)..... Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Apr. 10, 191...
20-UNDERTAKER	ADDRESS
Christian Miller	233 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94034

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94034

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Watson

(Residence in Baltimore: No. 1212 Mulberry st. St.: 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, March 10, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. — mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thos. Kinsella

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Russell (daughter)

(Address) 1212 Mulberry st.

15- APR 9 - 1916 Filed ..... 191.. HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 7 1916, that I saw h m alive on April 7 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ..... yrs. ..... mos. ..... 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Thennell M. D.

April 7, 1916. (Address) 2224 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral | DATE OF BURIAL, April 11, 1916.

20-UNDERTAKER H. C. Brauning & Son | ADDRESS 617 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94035

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94035

CERTIFICATE OF DEATH

45

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 712 W North Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wm A. New

(Residence in Baltimore: No. 712 W North Ave St.; Lifetimes yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 20 (Day), 1853 (Year)

7-AGE: 62 yrs. 7 mos. 19 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 650

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Peter New

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Regina Dinzler

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry F New

(Address) 4300 Garrison Av

15- APR 8 - 1916 Filed ..... 191 HARRY O ARNOLD, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1916, to, April 8 1916, that I saw h.... alive on April 7 1916, and that death occurred, on the date stated above, at 5-45a m.

The CAUSE OF DEATH* was as follows:

Gradual suffocation caused by pressure upon the air passages

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (SECONDARY) Mediastinal Tumor probably Sarcomatous

(Duration) ..... yrs. 7 mos. + ds.

(Signed) Henry J. Walton M. D.

April 9 1916 [Address] 720 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 11 191 6
20-UNDERTAKER	ADDRESS
George J Smith	Fayette 11

N. B.—Every item of information should be carefully supplied. All items should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94036

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 C94036

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Wallbrook av ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. May Carpenter

(Residence in Baltimore: No. 2901 Wallbrook av St.; yrs. 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	white	married

6-DATE OF BIRTH: May (Month) 11 (Day), 1868 (Year)

7-AGE: 47 yrs. 11 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Howard co. md.

PARENTS

10-NAME OF FATHER: Gaither Henderson

11-BIRTHPLACE OF FATHER (State or country): Howard Co Md

12-MAIDEN NAME OF MOTHER: Allie Burgess

13-BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Francis J Carpenter

(Address) Hyndman Penna

15- APR 9 - 1916 HARRY O ANDREWS, Filed ..... 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1916, to, April 7 1916, that I saw h.. alive on April 7 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

(Probably Cancer of Liver)

Chronic Pleurisy

(Duration) yrs. 2 mos. 27 ds.

Contributory (SECONDARY) Paralysis 7 15 m,

Stuart (Duration) yrs. mos. ds.

(Signed), F. J. Carpenter M. D.

April 8 1916 [Address] 2757 W North av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 1 mos. 29 ds. In the State ..... yrs. 1 mos. 29 ds.

Where was disease contracted, if not at place of death? Hyndman Pa

Former or usual residence Hyndman Pa

19-PLACE OF BURIAL OR REMOVAL: Loydon Park Cem — DATE OF BURIAL: APR 10 1916

20-UNDERTAKER: Geo. A. Gerby — ADDRESS: Balto & Payson St

N. B.—Every item of information should be carefully supplied. All should be stated CLEARLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94037

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 C94037

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 464 Hilliard St. (WARD) 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doriah Pope

(Residence in Baltimore: No. 464 Hilliard St St.; 9 yrs. 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Mar 14, 1915 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Leo Pope

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Virginia R. Riley

13-BIRTHPLACE OF MOTHER (State or country): Cumberland Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leo L. Pope

(Address) 1464 Hilliard St

APR 10 1916 Filed ....., 191 ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1916, to April 8 1916, that I saw h[illegible] alive on April 8, 1916, and that death occurred, on the date stated above, at 11 30a m.

The CAUSE OF DEATH* was as follows:

Mother Contracted Erysipelas 3 wks

Erysipelas

of the baby was Known, then baby contracted 3

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jas A O'Donnell M. D.

April 9, 1916. (Address) 1076 West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: April 10, 1916

20-UNDERTAKER: [illegible] | ADDRESS: [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 C94038

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Howard Watters

(Residence in Baltimore: No. 1319 Linden Ave St.; 6 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 15th, 1834.
(Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, John Munnie Thorsen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anne Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. McNeal

(Address) 1319 Linden Ave

15- APR 10 1916 ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1915, to April 7 1916, that I saw her alive on April 7 1916, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction due to Cancer of the Colon.
Clinical Symptoms
(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 9 mos. ds.

(Signed) Wm. F. Lindy M. D.

April 8, 1916. (Address) 1300 Eutaw Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 6 mos. — ds. In the State 82 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Harford County

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Watters Meeting House Harford Co	April 10 1916
20-UNDERTAKER	ADDRESS
E. M. McLeod & Co	1018 Fayette

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94039

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94039

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1808 E. Pratt ST.: V WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Spates

(Residence in Baltimore: No. 1808 E. Pratt St. Lib yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 24, 1852 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Cleaner 53
(b) General nature of industry, business, or establishment in which employed (or employer): U.R.R. Co.

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Martin Spates

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan A. Spates

(Address) 1808 E. Pratt St

15-APR 10 1916 ROBERT . KREUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-18- 1916, to 4-6- 1916, that I saw h.. alive on 4-6- 1916, and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

Duration ....yrs. ....mos. ....ds.

(Signed) J. Albert Miller M. D.

4/8/ 1916. (Address) 2739 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	April 10th, 1916.
20-UNDERTAKER H. Sander & Son	ADDRESS 1710 East St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94040 C94040

CERTIFICATE OF DEATH.

8 152

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital; St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Freidin.

(Residence in Baltimore: No. 1432 Gough St. St.; 0 yrs., 0 mos. 22 ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: 3 (Month) 16 (Day), 1916 (Year)

7-AGE: 0 yrs. 0 mos. 22 ds. If LESS than 1 day, 9 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: Louis Freidin

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Flora Levin

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Peter Feldberg

(Address): 433 N. Eutaw st.

15- APR 10 1916 Filed....., 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: 4 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3 16 1916, to 4 7 1916, that I saw ~~her~~ alive on 4 7 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

Feeding Malnutrition

(Duration) 0 yrs. 0 mos. 22 ds.

CONTRIBUTORY (Secondary) .....

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Charles E. Simon, M. D.

4 7, 1916 (Address) Univ. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: April 10, 1916

20-UNDERTAKER: J. Levinson & Bro — ADDRESS: 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

94041

HEALTH DEPARTMENT—CITY OF BALTIMORE

94041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. York ST.; 22nd WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annunziata Rapetta

(Residence in Baltimore: No. 35 E. York St.; 1 yrs., mos 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 25 (Day), 1915 (Year)

7-AGE, 1 yrs. mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Rapetta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dminica Forrest

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rapetta

(Address) ~~Italy~~ 35 E. York St

15- Filed APR 10 1916 ROBERT E. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 8 1916, that I saw her alive on April 8 1916, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Measles (Duration) yrs. mos. 3 ds.

(Signed) A. Palmisano M. D.

April 9, 1916 (Address) 316 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, APR 10 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C94042

REGISTERED No. C .....

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 623 N Collington Ave ST.; 7 WARD)

2-FULL NAME August Schaeffer

(Residence in Baltimore: No. 623 N Collington Ave St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Oct (Month) 11th (Day), 1830 (Year)

7-AGE: 85 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carriage Builder
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 37

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Casper Schaeffer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry F. Maisch Jr.

(Address) 4913 Alhambra Ave Govanside

APR 10 1916 Filed ....., 191.

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 8th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5th, 1916, to April 8th 1916 that I saw h[illegible] alive on April 5th, 1916 and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. unknown mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J W Sellers M. D.

April 10th, 1916 (Address) 501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	April 11, 1916
20-UNDERTAKER	ADDRESS
E. Schoneman & Son	1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94043

CERTIFICATE OF DEATH.

64 C94043

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Belmont Ave ST.) 9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Wakefield

(Residence in Baltimore: No. 3026 Belmont Ave St.; 23 yrs., 9 mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 18 (Day) 1867 (Year)

7-AGE, 48 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineman 228
(b) General nature of industry, business, or establishment in which employed (or employer)..... Jewelry

9-BIRTHPLACE, (State or Country), Savanna Ga

PARENTS.

10-NAME OF FATHER, Thomas Wakefield

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie A. Wakefield

(Address) 3026 Belmont Ave

15- Filed APR 10 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day) 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 12 1916, to April 7 1916, that I saw h.. alive on April 7 1916, and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Uterus sclerosis

Intestinal Neplasation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage Cerebral

Paralysis

(Duration) yrs. mos. 4 ds.

(Signed) Thos. L. Timmis M. D.

....., 191... (Address) 1023 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	April 11, 1916.
20-UNDERTAKER	ADDRESS
Jos Jacobs Son	207 S. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94044

CERTIFICATE OF DEATH.

C94044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S Central Ave 3 ST., WARD)

REGISTERED No. C.....

2-FULL NAME Clara Tamburini

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 303 S Central Ave St.; ...yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 30 (Day), 1914 (Year)

7-AGE, ...yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Libbiana Tamburini

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER, Caroline Garidia

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvatore Tamburini

(Address) 303 S. Central Ave

15- Filed APR 10 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to April 8 1916, that I saw h-e alive on April 7 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ...yrs. 3 mos. 4 ds.

(Signed) A. Rinaldi M. D.

April 9, 1916 (Address) 2311 Hanford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem.

DATE OF BURIAL, April 10, 1916

20-UNDERTAKER Lilly & Zilm

ADDRESS 1035 S. Wolfe St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94045

CERTIFICATE OF DEATH.

15 15th C94045

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Thornton & Martha Moulden

(Residence in Baltimore: No. 1331 N. Carey St.; ..... yrs., ... mos. 4 hs ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colr

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 5, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1331 N. Carey St.

PARENTS.

10-NAME OF FATHER, Thornton Moulden

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co.

12-MAIDEN NAME OF MOTHER Martha Smith

13-BIRTHPLACE OF MOTHER (State or Country). St Mary's Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thornton Moulden

(Address) 1331 N. Carey St

15- Filed APR 10 1916, 191... ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916
(Month) (Day) (Year)

17- I, HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 7 1916, that I saw h— alive on April 7 1916, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH was as follows:

Prolonged Labor—Wednesday to Friday—Instituting Forceps—Failure—D. C. Caesarean Labor—Friday

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H. Wright M. D.

April 8, 1916 (Address) 1209 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, APR 10 1916, 191...

20-UNDERTAKER JAMES H. DENNIS. ADDRESS 1303 PRESSTMAN ST.

C94046 HEALTH DEPARTMENT--CITY OF BALTIMORE C94046

CERTIFICATE OF DEATH

151

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 W. 22nd St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of John A. & Sadie R. Wagner. Life

(Residence in Baltimore: No. 117 W. 22nd St.; ..... yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Inf

6-DATE OF BIRTH: Apr (Month) 9 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John A. Wagner

11-BIRTHPLACE OF FATHER (State or country): York Pa

12-MAIDEN NAME OF MOTHER: Sadie R. Keil

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Hill (Grandmother)

(Address) 117 W. 22nd St.

15. APR 10 1916 Filed ....., 191

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1916, to, Apr 9 1916, that I saw h[illegible] alive on Apr 9, 1916, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Caused by Contusion-Vomiting leading to Pneu.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard C. Silver M. D.

Apr 9., 1916 (Address) 1914 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: Apr. 11, 1916

20-UNDERTAKER: H E Hughes

ADDRESS: 17 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 S. East Ave., St.; 1 Ward)

REGISTERED No. C 40 C94047

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Vigohl

(Residence in Baltimore: No. 1000 S. East ave St.; 15 yrs., - mos., - ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. (Month) 12 (Day), 1853 (Year)

7-AGE, 62 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labourer 754
(b) General nature of industry, business, or establishment in which employed (or employer): Boiler Shop.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Vigohl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Aires

(Address) 1000 S. East Ave

15- Filed APR 10 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1914, to April 7 1916, that I saw h- alive on April 6 1916, and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

operation 2 mos ago

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

, (Duration) yrs. mos. ds.

(Signed) H B Tellus M. D.

April 8, 1916. (Address) 2035 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, April 10, 1916.

20-UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94048

CERTIFICATE OF DEATH.

C94048

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 w North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac V. Condit

(Residence in Baltimore: No. 1933 w North ave St.; 2 yrs., — mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 16 (Day), 1829 (Year)

7-AGE, 87 yrs. — mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired (Grocery)
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country). Greenlee, Penna

PARENTS.

10-NAME OF FATHER, Ebenezer Condit

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Eunice Gobel

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma M. Mulder

(Address) 1930 N. North Ave

15- Filed APR 10 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Apr 8 1916, that I saw him alive on Apr 1 1916, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Chronic Interstitial Nephritis

Chronic Myocarditis

(Duration) 5 yrs. About mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. Strauss Jr. M. D.

Apr 8, 1916 (Address) 1935 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
London Park Cem	April 11, 1916
20-UNDERTAKER Harry W. Ebben	ADDRESS 1944 W. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

C94049

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94049

154

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 E 20th ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abbey O'Halloran

(Residence in Baltimore: No. 1124 E 20th St. St.; 60 yrs.,.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 20, 1839
(Month) (Day) (Year)

7-AGE, 76 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Charles Dorgan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine McCarty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie O'Halloran

(Address) 1124 E. 20th St.

15-

Filed APR 10 1916, 19.. ROBERT . KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 8 1916, that I saw h[illegible] alive on April 8 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) yrs. mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) D. W. Bellard Wm. M. D.

4/10, 1916. (Address) 914 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, April 11, 1916

20-UNDERTAKER H. C. Kindefield — ADDRESS 914 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94050

CERTIFICATE OF DEATH.

41 C94050

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1904 E Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Olivia Raeder

(Residence in Baltimore: No. 1904 E Fayette St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 6, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John A Nizer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ellen J. Biddison

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Rogerson

(Address) 1904 E Fayette St

15- APR 10 1916 ROBERT . KRAUTH, Burial Permit Officer.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to April 8 1916, that I saw h or alive on April 7 1916, and that death occurred, on the date stated above, at 5:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Rectum

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Gunn & Carcinoma

(Duration) yrs. mos. 1 ds.

(Signed) Dr. A. L. Morse M. D.

March 8, 1916 (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pikesville Farm Balto Co	April 11, 1916.
20-UNDERTAKER	ADDRESS
Albert E Fidler	221 N Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sp[illegible]—5-19-13—M. & T.—500 Bks.

John Schaller.

94051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C94051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Lancaster ST.; 2 WARD)

2-FULL NAME John Schaller

(Residence in Baltimore: No. 1722 Lancaster

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 66 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1836. (Year)

7-AGE, 80 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaretha Barth

(Address) 1722 Lancaster St.

15- Filed APR 10 1916 ROBERT . KRAUTER, Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 31 1916, to April 7 1916, that I saw him alive on April 7 1916, and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. 3 mos. da.

(Signed) L. L. Lemmon M. D.

April 9, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, April 11, 1916.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94052 **CERTIFICATE OF DEATH.** 120 C94052

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Storey

(Residence in Baltimore: No. 1002 Salisbury Alley St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb 15, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Private 644

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Tobey Stone

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Orleans St

15- Filed APR 10 1916 191.... ROBERT . KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to March 6 1916, that I saw h alive on March 6 1916, and that death occurred, on the date stated above, at 7.00 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Myocarditis

(Duration) One Year yrs. mos. ds.

CONTRIBUTORY (Secondary),

(Duration) 0 yrs. mos. ds.

(Signed) Louis C. Schmidt M. D.

March 7, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State Not Known yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence Not Known

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner Health.
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94053 **CERTIFICATE OF DEATH.** 151 C94053

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Lowndes

(Residence in Baltimore: No. University Hospital St.; ....yrs....mos....ds.)

N.B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORK
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 4 (Month) 7 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day. 1 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. William Lowndes

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Elaine Bradford

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 10 1916 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-7-1916, to 4-7-1916 that I saw him alive on 4-7-1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

6½ Hours Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Charles E. Davis M. D.

4-7-, 191.6 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	APR 8 -, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94054 92 C94054

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2550 Frances St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Fanshaw

(Residence in Baltimore: No. 2550 Frances St.; 35 yrs. 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: December 9th (Month) (Day), 1880 (Year)

7-AGE: 35 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Caleb A Fanshaw

11-BIRTHPLACE OF FATHER (State or country): Norfolk Va

12-MAIDEN NAME OF MOTHER: Margaret A Capps

13-BIRTHPLACE OF MOTHER (State or country): Norfolk Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Margaret A Fanshaw

(Address): 2550 Frances St

15- Filed APR 10 1916, 191 — ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6th, 1916, to, April 7 1916, that I saw h.im alive on April 7 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Croupous pneumonia, involving both lungs.

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY): Acute dilatation of right heart,

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), A W Hoffman M. D.

April 10 1916. [Address] 2100 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: April 10 1916

20-UNDERTAKER: [illegible] 1733 Pittsfield 2238 — ADDRESS: Fred'k Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 B

C94055 C94055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2662 West North Avenue, St.: 15 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Turco,

(Residence in Baltimore: No. 2662 West North Avenue, St.; yrs., mos. ds.)

Wife

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single,

6-DATE OF BIRTH, October (Month) 22nd., (Day) 1915. (Year)

7-AGE, 0 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Turco,

11-BIRTHPLACE OF FATHER (State or Country), Italy,

12-MAIDEN NAME OF MOTHER Anna Prager,

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Turco, mother,

(Address) 2662 West North Avenue.

15- APR 10 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of assimilative power,
(Congenital debility)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) J. Bellfield Kemper M. D.
(Coroner.)

April 9, 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, April 12, 1916

20-UNDERTAKER William Cook ADDRESS 502 E South av.

Spec.—6-19-13—M. & T.—600 Blks.

C94056

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94056

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 E. 23rd St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Mary Shryock

(Residence in Baltimore: No. 501 E. 23rd St.; ....yrs., 11 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April (Month) 22 (Day), 1915 (Year)

7-AGE: ....yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John F. Shryock

11-BIRTHPLACE OF FATHER (State or Country): Ohio

12-MAIDEN NAME OF MOTHER: Mary E. Browne

13-BIRTHPLACE OF MOTHER (State or Country): Johnstown, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Shryock

(Address) 501 E. 23rd St.

15- APR 10 1916 ROBERT KRAUTH Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 22 1916, that I saw her alive on April 21st 1916, and that death occurred, on the date stated above, at 1-30 A. m.

The CAUSE OF DEATH* was as follows:

Measles and Bronchopneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Jos. F. Henry M. D.

April 22, 1916. (Address) 162 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: April 11, 1916

20-UNDERTAKER: William Cook ADDRESS: 502 E North Ave

C94057

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C94057

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1941 W Fayette St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie M. Dunnard

(Residence in Baltimore: No. 1941 W Fayette St. 82 yrs. 3 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Feb 5, 1834 (Month) (Day) (Year)

7-AGE: 82 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Maryland

PARENTS

10-NAME OF FATHER: B. Barnes

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Susan Travis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hettie Plummer

(Address) 1941 W. Fayette st

15. Filed APR 10 1916 ROBERT , KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1915, to April 8 1916 that I saw h[illegible] alive on April 8, 1916 and that death occurred, on the date stated above, at 8.55 P m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 5. yrs. ..... mos. ..... ds

Contributory (SECONDARY) Asthenia

(Duration) one yrs. ..... mos. ..... ds.

(Signed), Joseph Hart M. D.

April 9, 1916 (Address) 529 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: April 11, 1916

20-UNDERTAKER: Wm Cook ADDRESS: 502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

C94058

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94058

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lessner.

(Residence in Baltimore: No. 3103 Huntington ave St.; ....yrs., life mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October (Month) 3 (Day) 1880 (Year)

7-AGE, 30 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer): Printed 225

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Lessner

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Lessner.

(Address) 3103 Huntington ave.

15- Filed APR 10 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1916, to April 8th 1916, that I saw him alive on April 8th 1916, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

1. Pneumonia.
(Pneumococcus)
(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.
(Duration) ....yrs. ....mos. 8 ds.

(Signed) Frank E. Shipley M. D.

April 8th, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 3103 Huntington ave.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Johns Hampden	April 11, 1916
20-UNDERTAKER	ADDRESS
E. A. Wedefeld Jr.	Green Sts.

Spec.—5-19-13—M. & T.—500 Bks.

C94059

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94059

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 S. Kenwood Ave ST.) (W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gajdak

(Residence in Baltimore: No. 1005 S. Kenwood Ave St.; 73 yrs., 2 mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 23 (Day), 1853 (Year)

7-AGE, 61 yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laney 297

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Paul Gajdak

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Gajdak Jr.

(Address) 1005 S. Kenwood Ave

15- ROBERT . KRAUTER, Burial Permit Clerk

Filed APR 10 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 13 1916, to April 6 1916, that I saw h— alive on April 6 1916, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Pulmonal Hemorrhage

(Duration) yrs. 2 mos. ds.

(Signed) H B Fellow M. D.

April 10 1916. (Address) 2035 Brunswick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary Cem	April 11, 1916
20-UNDERTAKER	ADDRESS
Stephen J Fialkowski	109 S Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C94060

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94060

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Wysokinski

(Residence in Baltimore: No. 1707 Fleet St St.; ....yrs., 2 mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ...Indetermin....; 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....50....yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... 311

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Wysocki

(Address) Johns Hopkins Hospital

15- APR 10 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 8 1916, that I saw him alive on April 8 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

.....

Pneumothorax

.....

..... (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Arthur Blogenfield M. D.

April 8, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ✓ yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1707 Fleet St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	April 10, 1916

20-UNDERTAKER	ADDRESS
Stephen J Kraikowski	1019 N Kenwood Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94061 89 C94061

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Balt ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Leroy Burley

(Residence in Baltimore: No. 416 Balt St.: ....yrs., ...mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 3 (Month) 3 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Levi Burley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maud Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levi Burley

(Address) 416 Balt St.

15- APR 10 1916 ROBERT . KRAUTER, Registrar.
Filed ..... 191... Burial Permit C.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1916, to Apr 8 1916, that I saw h— alive on Apr 8 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R Garland Attwell M. D.

Apr. 8, 1916 (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, April 10 1916.

20-UNDERTAKER Felix B Lee

ADDRESS 102 E Madison St

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

C94062

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C94062

REGISTERED No. C.....

1-PLACE OF DEATH St Francis Convent.

CITY OF BALTIMORE (No. Cor Forrest & Chase St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Veronica Hall

(Residence in Baltimore: No. Cor Forrest & Chase St.: 2 yrs. 3 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Color	Single

6-DATE OF BIRTH: 5 (Month) — 9 (Day), 1893 (Year)

7-AGE: 22 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sister (Religious)
(b) General nature of industry, business, or establishment in which employed (or employer): House work

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mother M. Frances O.S.C.

(Address) St Frances Convent E Pleasant St.

15. APR 10 1916 Filed ....., 191.....

ROBERT . KRAUTER
Burial Permit Clerk.

MR.V.5745

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1916, to April 9, 1916, that I saw h[illegible] alive on April 4, 1916, and that death occurred, on the date stated above, at 7 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis (Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary F. Voegeim M. D.
April 9, 1916. (Address) 1128 Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: April 11, 1916

20-UNDERTAKER: Felix B Ryf — ADDRESS: 1028 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94063 C94063

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1325 Reynolds ST.; 24 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Moore
(Residence in Baltimore: No. 1325 Reynolds St.; 1 yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 26 (Day) 1914 (Year)

7-AGE, 1 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Lawson S. Moore

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Nellie A. Moran

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lawson S. Moore
(Address) 1325 Reynolds St.

15- Filed APR 10 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 8 1916, that I saw him alive on April 7 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Acute Bronchs Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. L. Campbell M. D.
April 9, 1916 (Address) 16 E. Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross Cemetery Co.	April 10, 1916
20-UNDERTAKER	ADDRESS
D. & M. J. Flynn	1432 Light St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C-94064 HEALTH DEPARTMENT—CITY OF BALTIMORE C-94064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Guilford St. ST.; 70 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Clara L Baer

(Residence in Baltimore: No. 2926 W North Ave. St.; 72 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
f. male.	white	Widow

6-DATE OF BIRTH, January 17, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Dorchester Co Md

PARENTS.

10-NAME OF FATHER, Joshua E Richardson

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER Kate Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J W Thomas

(Address) 2926 W North Ave

15- APR 10 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 9 1916, that I saw h[er] alive on April 9 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) C W Mueller M. D.

April 9, 191.. (Address) 531 W Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2926 W North Ave

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, April 12 191.6.

20-UNDERTAKER Geo W Little — ADDRESS 531 W Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C94065~~ 64 C94065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Biedler & Fellman Sanitarium REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2724 N. Charles St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Jordan

(Residence in Baltimore: No. 2932 St. Paul St.; ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.): Single

6-DATE OF BIRTH: Aug. 29th, 1857 (Month) (Day) (Year)

7-AGE: 58 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Com. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: Edward Jordan

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Juliana Subro

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. B. H. Jefferson

(Address) 223 Woodlawn Rd.

15- ROBERT , KRAUTER, Burial Permit Clerk.

Filed APR 10 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1916, to Apr. 9 1916, that I saw h[illegible] alive on April 9 1916, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph T. Smith M. D.

4-9-16, 191.. (Address) 1103 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State 58 yrs. 7 mos. 10 ds.

Where was disease contracted, if not at place of death? 2932 St. Paul St.

Former or usual residence 2932 St. Paul St.

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, April 12, 191.6

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C94066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C94066

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1212 Madison ave. ST. 11 WARD)

2-FULL NAME Louisa B. Nelson

Residence in Baltimore: No. 1212 Madison ave St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH ..... Jan. (Month) 13 (Day), 1830 (Year)

7-AGE ..... 85 yrs. 2 mos. 26 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... —

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Jacob Bolton

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Maria Ferris

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lea B. Bolton

(Address) 2021 Mt. Royal Ter.

APR 10 1916 Filed ....., 191 .....

ROBERT . KRAUTER
Bur. Vit. Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr. (Month) 9th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch. 2, 1916, to Apr. 8, 1916, that I saw h-d alive on Apr. 8th, 1916, and that death occurred, on the date stated above, at 8, a.m.
The CAUSE OF DEATH* was as follows:

Failure of the heart due to infirmities of age.
..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Age.
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. W. K. Brunebaker M. D.

Apr. 9, 1916. (Address) 1209 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Green Mount. | DATE OF BURIAL Apr. 11, 1916

20-UNDERTAKER E. M. Mitchell & Co. | ADDRESS 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

694057 C 92 C 92057

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur J Wright

(Residence in Baltimore: No. 1406 N Chester St St.; ..... yrs., ... mos. ..... ds.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Apr 1, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. ..... mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Tel Co

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, A J Wright

11-BIRTHPLACE OF FATHER (State or Country), Florida

12-MAIDEN NAME OF MOTHER Harriett Scarborough

13-BIRTHPLACE OF MOTHER (State or Country). Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed APR 10 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to April 9 1916, that I saw him alive on April 9 1916, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

3 weeks
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis with Embolism
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin F. Davis M. D.

April 9, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 1406 N Chester St

19-PLACE OF BURIAL OR REMOVAL, Pikesville DATE OF BURIAL, Apl 13, 1916.

20-UNDERTAKER Keith Warner ADDRESS 1142 W Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94068

CERTIFICATE OF DEATH.

C94068

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Smallwood St. ST.; 15 WARD)

REGISTERED NO. C 170

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Byron Toulton

(Residence in Baltimore: No. 1736 Smallwood St. St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, May 21st. (Month) (Day), 1850 (Year)

7-AGE, 65 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt. American
(b) General nature of industry, business, or establishment in which employed (or employer): Ice Co.

9-BIRTHPLACE, (State or Country), Harford Co. Md.

PARENTS.

10-NAME OF FATHER, Herman Toulton

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Pamelia A. Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rowlan Toulton

(Address) 1736 Smallwood St.

15- APR 10 1916 Filed ..... 191... ROBERT . KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to Apr 8 1916, that I saw h.. alive on April 8 1916, and that death occurred, on the date stated above, at 11.57 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Apr. 10, 1916. (Address) Chas. J. Bloom, 20 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Wesley Chapel, Harford Co.	Apr. 11, 1916.
20-UNDERTAKER	ADDRESS
E. M. Mitchell & Co.	1201 N. Fayette

over Road.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 3-24-14—M. & T.—2000 Bks.

C94069

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94069

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 N. Castle ST.; 7th WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Levy

(Residence in Baltimore: No. 932 N. Castle St.; 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 5th, 1851. (Month) (Day) (Year)

7-AGE, 64 yrs. 8 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Thom. Kulivoda

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Tomes

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josef Levy

(Address) 932 N. Castle St.

15- Filed APR 10 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1916, to April 7th 1916, that I saw her alive on April 7th 1916, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

CONTRIBUTORY (Secondary) Pyelitis

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

(Signed) Thomas J. Emmett, M. D.

....., 191... (Address) 102 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Hill Cem — DATE OF BURIAL, April 11, 1916

20-UNDERTAKER Geo M. Frick — ADDRESS 811 W Lex St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94070 91 C94070

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1723 Maryland Ave St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Reese Hill

(Residence in Baltimore: No. 1723 Maryland Ave St.: ..... yrs. 10 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1916 (Year)

7-AGE: ..... yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland Balto

PARENTS

10-NAME OF FATHER: Wm Hill

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mollie Settles

13-BIRTHPLACE OF MOTHER (State or country): Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosella Settles

(Address) 808 Tyson St

15-Filed APR 10 1916

ROBERT . KRAUTHER, Special Permit Clerk,
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1916, to April 9 1916, that I saw her alive on April 9, 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Teething Just Who

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. A. Richards M. D.

April 9, 1916 (Address) 1120 N 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: 4/10, 1916

20-UNDERTAKER: Sam'l Steinberg — ADDRESS: 57 W Preble

HEALTH DEPARTMENT—CITY OF BALTIMORE

94071 C94071

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2211 Hunter Al. St.: 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Helen Lee

(Residence in Baltimore: No. 2211 Hunter Al St.; yrs., Life mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Single

6-DATE OF BIRTH, ... Jan. (Month) 9th (Day), 1916. (Year)

7-AGE, ... 3 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robert Lee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Carrie Lee .....

(Address)... 2211 Hunter Al .....

15- APR 10 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 7th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia 2

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Levering M. D.
(Coroner.)

Apr 7, 1916 (Address) 1729 Westminster Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 10th, 1916.
20-UNDERTAKER Charles B. Jones	ADDRESS 506 East St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94072 C94072

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 416 N. Parrish alley St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Allen

(Residence in Baltimore: No. 416 N. Parrish Alley St.; yrs., 4th mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 26th; 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Harry Allen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margarite Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margarite Allen

(Address) 416 N. Parrish alley

15- Filed APR 10 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th; 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Samuel Kemp M. D.
(Coroner)

April 10th, 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, April 12 1916

20-UNDERTAKER R. L. Parham — ADDRESS 723 Leadenhall St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94073

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94073

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hos. St.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kazman Kaczynski.

(Residence in Baltimore: No. 308 S. Bethel St. St.; 18 yrs., 1 mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Mar. (Month) 2 (Day), 1916 (Year)

7-AGE, 18 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.

10-NAME OF FATHER, Jacob Kaczynski

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland

12-MAIDEN NAME OF MOTHER Antonina Maderak

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Kaczynski

(Address) Johns Hopkins Hosp.

15- Filed APR 10 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 I 191 6, to April 10, 191 6, that I saw h.. alive on April 10, 191 6, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated hernia

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) S. R. Dunn, M. D.

April 10, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 308 S. Bethel St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, April 13, 1916

20-UNDERTAKER Wm Kaufman — ADDRESS 618 Eastern

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94074 C94074

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 W. Lexington St.; 4th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Vogt.

(Residence in Baltimore: No. 746 W. Lexington St.; 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH March 25, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. 13 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Dept. of Aged Home

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, August F. Vogt.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Vogt

(Address) 746 W. Lexington St.

15-
Filed APR 10 1916, 191.. ROBERT . KRAUTH, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 8 1916, that I saw him alive on April 7. 1916, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Geo. W. Hemmeter M. D.

April 9, 1916. (Address) 600 Harlem Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Immanuel Cemetery	4/11, 1916
20-UNDERTAKER	ADDRESS
Louis Heimann	32 S Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94075

C94075

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 619 w Mulberry ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Porter Matthews

(Residence in Baltimore: No. 619 W Mulberry St.: — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 25, 1846
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 3 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Wm Porter

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Porter

(Address) 3407 Morris Ave

15- APR 10 1916 Burial Permit Signed.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1916, to April 9 1916, that I saw h[er] alive on April 9 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. L. Lloyd M. D.

4.10., 191.6 (Address) 639 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Butts Cemetery	Apl 12 1916

20-UNDERTAKER	ADDRESS
Cherrow & Son	Chestnut Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94076 C94076

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 700 W 36 ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi G. High

(Residence in Baltimore: No. 700 W36 St.; 1 yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Jan 1, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), East city

PARENTS.

10-NAME OF FATHER, Harry High

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Sally Grimes

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry High

(Address) 700 W 34

15- APR 10 1916 HARRY O ANDERSON, Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916 to April 10 1916, that I saw h[illegible] alive on April 10 1916, and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) measles

(Duration) ....yrs....mos. 5 ds.

(Signed) C F Coughlin M. D.

4-10, 1916 (Address) 3701 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Marys Hampden	Apl. 11, 1916
20-UNDERTAKER	ADDRESS
Chenoweth & Son	Chestnut Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94077 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C94077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1115 Eutaw ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Virginia Leonard

(Residence in Baltimore: No. 1115 Eutaw St.; 1 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 26, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Jas H Parker

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Mary J. Williams

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Leonard

(Address) 1115 Eutaw St

15- BALTIMORE

Filed APR 10 1916, 191.. Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 9 1916, that I saw h[er] alive on April 9 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ... yrs. ... mos. 1 ds.

(Signed) J. F. Robinson M. D.

April 9, 1916 (Address) 716 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, April 11, 1916.

20-UNDERTAKER Graham F. Walker — ADDRESS 923 Hollins

C94078

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94078

Registered No. C 79

1 PLACE OF DEATH

City of Baltimore (No. 2854 Woodbrook Ave St.: 13 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hannah C. Myers

(Residence in Baltimore: No. 2854 Woodbrook Ave St.: 18 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 6 (Day), 1844 (Year)

7 AGE: 71 yrs. 9 mos. 3 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9 BIRTHPLACE (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Daniel Engel

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ann Maria Bankert

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willis E Myers.

(Address) 2854 Woodbrook Ave

15 Filed APR 10 1916 191— MARK O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 9th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25 1914, to April 9th 1916, that I saw her alive on April 8 1916, and that death occurred, on the date stated above, at 9.35 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 10 yrs. — mos. — ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Patrick M. D.

April 9, 1916. (Address) 936 E Monument St

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemt. DATE OF BURIAL: April 11 1916

20 UNDERTAKER: William J. Gore ADDRESS: 1203 N. Eutaw

C94079

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C94079

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1006 Warwick Ave. ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Barbara Miller

(Residence in Baltimore: No. 1006 Warwick Ave ST. 62 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: August 21, 1821 (Month) (Day) (Year)

7 AGE: 94 yrs. 7 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Held

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Cook

(Address) 1006 Warwick Ave

15 APR 10 1916 ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1916, to April 10 1916, that I saw h[illegible] alive on April 8, 1916, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) ..... yrs. 9 mos. 4 ds

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm Cox M. D.

..... 191 ..... (Address) 836 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 12 1916

20 UNDERTAKER: Geo W Tittle — ADDRESS: 53 S. Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94080 C94080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 W Mulberry ST.; 8 WARD) REGISTERED NO. C 79

2-FULL NAME John W. Simmons

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1536 W Mulberry St. 50 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June 10, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance
(b) General nature of industry, business, or establishment in which employed (or employer)..... Solicitor 956

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Simmons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Paddy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. C. Simmons

(Address)..... 1537 W. Mulberry

15- Filed APR 10 1916, 191.... HARRY O ANDERSON Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1916, to April 9th 1916, that I saw h.. alive on April 8th 1916, and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis & Valvular Heart Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. J. Youngwald M. D.

April 10, 1916 (Address) 1503 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest Lawn	April 11, 1916
20-UNDERTAKER	ADDRESS
W. F. Tidwell Son	Norman

Dr Youngwald
1503 E. North ave

Spec.—8-24-14—M. & T.—2000 Blks.

C94081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94081

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 22 E Fort Av ST.; 24 WARD) REGISTERED No. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Thomas

(Residence in Baltimore: No. 22 E. Fort Av. St.; 8 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Sept. (Month) ..... (Day), 1898 (Year)

7-AGE, 17 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Cornelius Thomas

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ellen Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius Thomas

(Address) 22 E Fort Av.

15- Filed APR 10 1916, 191.. HARRY O'HARE LEWIS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 7 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1916, to Apr. 7 1916, that I saw h[illegible] alive on Apr 7 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marvin Sines M. D.

Apr 9, 1916 (Address) 423 E Fort Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Apr 12, 1916.

20-UNDERTAKER J. L. Fanning ADDRESS 1460 Bath Av

C94082

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94082

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.; 7 WARD)
2-FULL NAME Emma Bieby
(Residence in Baltimore: No. 1649 Milliman St.; yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Don't Know, 1
(Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Work

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Perry Mac Pherson
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER Don't Know
13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John H. Bieby
(Address) Pherson P.O. Md.

15- Filed APR 10 1916, 191.. HARRY O ANDREWS, REGISTRAR OF VITAL STATISTICS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest, autopsy~~ or inquiry.) find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accident Burns of body
Clothing caught afire from stove
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Acute pneumonia
(Duration) yrs. mos. ds.
(Signed) H. H. Blanchard M. D.
(Coroner.)
April 10, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 20 yrs. mos. ds.
Where was disease contracted, if not at place of death? 1649 Milliman St.
Former or usual residence 1649 Milliman St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, April 11, 1916
20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C94083 HEALTH DEPARTMENT—CITY OF BALTIMORE C94083

105

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2115 Huntington ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Marie Miller

(Residence in Baltimore: No. 2115 Huntington ave St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 11, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), York Pa.

PARENTS.

10-NAME OF FATHER, Jacob A Miller

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Mabel Lehigh

13-BIRTHPLACE OF MOTHER (State or Country), York Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob A Miller

(Address) 2116 Huntington ave

15-
Filed APR 10 1916, 191.. HARRY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 8 1916, that I saw h[illegible] alive on April 8 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Erhardt M. D.

April 8 1916 (Address) 700 N Fitzhugh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, York Pa — DATE OF BURIAL, April 11 1916

20-UNDERTAKER H W Routson — ADDRESS 230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94084 HEALTH DEPARTMENT—CITY OF BALTIMORE C94084

CERTIFICATE OF DEATH.

40

PLACE OF DEATH # REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 25 E Cross ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Herman Klasmeier

(Residence in Baltimore: No. # 25 E Cross St.; 75 yrs.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 14th, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Restaurant 68
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Klasmeier

(Address) # 25 E Cross St

15-

Filed APR 10 1916, 191.....

Burial Permit Otsr...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 a., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18 1915, to April 8 1916, that I saw h[illegible] alive on April 8 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Pharynx
& Hard palate

(Duration) 1 1/2 yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) F. W. Bonnell M. D.

April 8, 1916 (Address) 1075 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A & Co

DATE OF BURIAL, 4-10, 1916

20-UNDERTAKER E & B Harle

ADDRESS # 115 E North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94085 C94085

CERTIFICATE OF DEATH

8 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 N Gee 27 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hesse

(Residence in Baltimore: No. 626 N Gee St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March 23, 1838 (Month) (Day) (Year)

7-AGE: 78 yrs. — mos. 18 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Jones

(Address) 604 W Fayette

APR 10 1916 Filed ... 191

HARRY O ARNOLD
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: apr. (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1916, to apr. 10th 1916 that I saw her alive on apr 8th, 1916. and that death occurred, on the date stated above, at 6A m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis (Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) Pleuro Pneumonia (Duration) ... yrs. ... mos. 10 ds.

(Signed) J E Boulton M. D.

apr 10th, 1916 (Address) 615 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 12, 1916
20-UNDERTAKER	ADDRESS
W Blake Dobbs	Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C94086 HEALTH DEPARTMENT—CITY OF BALTIMORE C94086

CERTIFICATE OF DEATH. x92

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Zubick

(Residence in Baltimore; No. Md Gen'l Hospital St.; yrs. mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, About, 1 .....
(Month) (Day) (Year)

7-AGE. About 30 yrs. mos. ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer ?

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F E Shipley

(Address) Md Genal Hospital

15- APR 10 1916 HABRY O ANDREWS, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3rd 1916, to April 8th 1916, that I saw h—alive on April 8th 1916, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

(Signed) Frank E Shipley M. D.

April 8th, 1916. (Address) Md. Gen. Hospital

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence (Street) Smyders Hotel Sparrows Point (City) Pumtans, Pa.

19-PLACE OF BURIAL OR REMOVAL Portage DATE OF BURIAL. April, 1916

20-UNDERTAKER W Blackistone ADDRESS Town

C94087

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94087

CERTIFICATE OF DEATH.

169

1 PLACE OF DEATH. CITY OF BALTIMORE (No. Foot of Broadway E. ST. WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles M Falkenham

(Residence in Baltimore: No. 129 S Wolfe St. St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. May (Month) 1st (Day), 1860 (Year)

7-AGE, 56 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Virginia U.S.A.

PARENTS.

10-NAME OF FATHER, Charles Falkenham

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Falkenham

(Address) 129 S Wolfe St.

15 APR 10 1916 HARRY O ANDREWS, Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wells M Savage M. D. (Coroner.)

Apr 10, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Ft Lg Redeemer Cem — DATE OF BURIAL, April 11, 16

20-UNDERTAKER Wendell Leppel & Son — ADDRESS 37 S Green St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94088

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

Registered No. C 94088

1-PLACE OF DEATH

City of Baltimore (No. Mt. Royal apt. St. 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Masson

(Residence in Baltimore: No. Mt. Royal apt - St.; 4 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

6-DATE OF BIRTH: April 2, 1824 (Month) (Day) (Year)

7-AGE: 92 yrs. 0 mos. 7 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired - Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Dealer

9-BIRTHPLACE (State or country): Caroline Co, Md

PARENTS

10-NAME OF FATHER: James Mason

11-BIRTHPLACE OF FATHER (State or country): Caroline Co, Md

12-MAIDEN NAME OF MOTHER: Elizabeth H. Hall

13-BIRTHPLACE OF MOTHER (State or country): Caroline Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry M. Mason

(Address) Mt. Royal Apt. City

15. Filed APR 10 1916, 191.... MARY O ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 9th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4th, 1916, to April 9th 1916, that I saw h[illegible] alive on April 9th, 1916, and that death occurred, on the date stated above, at 9-15 P.m.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy -

(Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Senile Bronchitis

(Duration) — yrs. — mos. 6 ds.

(Signed) Eugene Douglass M. D.

April 9th, 1916 (Address) 830 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Easton, Md

DATE OF BURIAL: 4/11, 1916

20-UNDERTAKER: Henry W. Mears & Son

ADDRESS: 105 N. Calvert St.

via Penn R.R. Harry M. Mason to accompany remains

N. B.-Every item of information should be carefully supplied. A state CAUSE OF DEATH in plain terms, so that it may be is very important. See instructions on back of certificate.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

d. AGE should be stated EXACTLY. PHYSICIANS should ay be properly classified. Exact statement of OCCUPATION ate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94089 C94089

CERTIFICATE OF DEATH.

147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 S. Charles ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Grimm

(Residence in Baltimore: No. 1436 S. Charles St St.; 10 yrs., 6 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October (Month) 3 (Day), 1905 (Year)

7-AGE, 10 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John J. Grimm

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Elizabeth Cochran

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Grimm

(Address) 1436 S. Charles St

15- APR 10 1916 MARRY O ANDREWS,

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 10th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1916, to April 10th 1916, that I saw him alive on April 8th 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Acute Poliarthritis

Contributory fulmy

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Harry Grimm M. D.

April 10th, 1916. (Address) 1500 a. Mt. Royal Ave.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 1916.

20-UNDERTAKER P. J. McGlynn

ADDRESS 1422 Light St

C94090

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94090

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1340 Harford ave ST.: 9 WARD)

Registered No. C 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E Freund

(Residence in Baltimore: No. 1340 Harford Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November 10, 1852 (Month) (Day) (Year)

7-AGE: 63 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Joseph Burkert

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna Himpelt

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry J. Freund

(Address) 1340 Harford ave

15. Filed APR 10 1916, 191.. MARY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7th, 1916, to April 8th 1916, that I saw h[illegible] alive on April 7th, 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Ch. Cystic Endocarditis with Acute Cardiac Dilatation

(Duration) — yrs. — mos. 1 ds

Contributory (SECONDARY) Chol Cholelithiasis

(Duration) 2 yrs. — mos. — ds.

(Signed) J. Florence Becale M. D.

April 9, 1916 (Address) 2844 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: April 11, 1916

20-UNDERTAKER: Mundell & Upshur Inc

ADDRESS: 82 S Howard St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C94091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C94091

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 618 N. Calvert ST.: 11 WARD)

2-FULL NAME Jane Bonnell Moore Brister

(Residence in Baltimore: No. 618 N. Calvert

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Fifteen

St.; yrs.. mos.... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, August 24, 1840
(Month) (Day) (Year)

7-AGE, 75 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper 47
(b) General nature of industry, business, or establishment in which employed (or employer)..... own conduct

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Wm Moore.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Jane Ross.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Anna L. Hulse

(Address) 618 N. Calvert St.

15-

APR 10 1916

Filed....., 191. Burial Permit Obtained
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic endocarditis

(Duration) 8 yrs.....mos.....ds.

(Signed) Wm H Chamberlain M. D.
(Coroner.)

April 10, 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenly Cem

DATE OF BURIAL, April 11, 1916

20-UNDERTAKER, Chas. F. Townsend Son

ADDRESS, N. Howard & Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C94092

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94092

CERTIFICATE OF DEATH.

15

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 511 N. Mount ST.; 19 WARD)

2. FULL NAME Baby Leguile

(Residence in Baltimore: No. 511 N. Mount St.; ...yrs.,...mos. 3 ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. 4 (Month) 6 (Day) 1916 (Year)

7-AGE. 0 yrs. 0 mos. 3 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER. William H. Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Maggie

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Smith

(Address) 511 N. Mount St.

15-

Filed APR 10 1916, 191...

BUREAU OF VITAL STATISTICS
BURIAL PERMIT
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-6 1916, to 4-9 1916, that I saw him alive on 4-9 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity 8 hrs.

Congenital Malformation

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. E. Sims M. D.

4-9, 191... (Address) Penn. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters

DATE OF BURIAL. April 11 1916

20-UNDERTAKER Wilbert Brown

ADDRESS 306 N Mount St

N.B.—Entire item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94093

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94093

CERTIFICATE OF DEATH.

91 REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 408 N Madeira ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Pauline Ponds

(Residence in Baltimore: No. 408 N Madeira St.; yrs., 2 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ..Jan.. (Month) ..12.. (Day), 1916 (Year)

7-AGE, ..0.. yrs. ..2.. mos. ..28.. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Ludwig Ponds

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Pauline Pistor

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Ludwig Ponds

(Address)..408 N Madeira.....

15- APR 10 1916 HARRY O ANDREWS, Filed....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..April.. (Month) ..5th.. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to ..Her.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Burns Pneumonia.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.
(Coroner.)

April 7, 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	April 11, 1916
20-UNDERTAKER	**ADDRESS**
Frank Leach & Son	1904 E Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94094 — 28 — C94094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1114 W Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis C. Jones

(Residence in Baltimore: No. 1114 W Lexington St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1871 (Year)

7-AGE: 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Apts

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Edew Jones

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Elizabeth Matthews

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Minnie Harris

(Address): 1114 W. Lexington St.

15- APR 10 1916 Filed, 191.. HARRY O ATKINS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1916, to April 8 1916, that I saw h[illegible] alive on April 8 1916 and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmo T. Tuberc

(Duration) yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. H. Hartsock M. D.

4/9, 191.. (Address) 1178 Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 4/11, 191..

20-UNDERTAKER Samuel T Hensley ADDRESS 578 W. Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94095 92 C94095

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N. Exeter St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Sutton

(Residence in Baltimore: No. 20 N. Exeter St St.; 58 yrs., — mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 17 (Day), 1858 (Year)

7-AGE, 58 yrs. — mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm N. Kneg.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Eliza McCracken

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Sutton

(Address) 20 N. Exeter St

15- APR 10 1916 HEALTH OFFICER, Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 4th 1916, to Apr 9 1916, that I saw her alive on Apr 9 1916, and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) yrs. mos. 5 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) A. M. Evans M. D.

Apr. 10, 1916. (Address) 740 N. Fremont St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Apr. 11, 1916.

20-UNDERTAKER Wm Cook ADDRESS 509 E Hoff

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94096 C94096

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Christy

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, ~~White~~ Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June 10, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer 014
(b) General nature of industry, business, or establishment in which employed (or employer)..... Owner

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Christy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Record Mercy Hosp

(Address)..... Colvert St.

15-APR 10 1916 HARRY O ANDREWS, Burial Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 23 1916, to Apr 7 1916, that I saw him alive on Apr 7 1916, and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonic Hypertrophy

Duration Not known

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Femoral Phlebitis

(Duration) 5 yrs. 6 mos. 3 ds.

(Signed) Edward L. Frank M. D.

Apr. 7, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State 65 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Cockeysville Md.

Former or usual residence Cockeysville Md.

19-PLACE OF BURIAL OR REMOVAL, Pimlico Md. DATE OF BURIAL, 4-9 1916

20-UNDERTAKER E & B Hearle ADDRESS 115 E Lex St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94097 C94097

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Pearl ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Joseph Aquila.

(Residence in Baltimore: No. 412 N Pearl St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, [illegible] [illegible], 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Fruit

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Antonia Aquilla

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Mathel Gellomeo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Lencewicz

(Address) 1401 Penna Ave

15- Filed APR 11 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4- 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4- 7 1916, to 4- 9- 1916, that I saw h[illegible] alive on 4- 9- 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tu-

(Duration) yrs. 6 mos. ds.

(Signed) S. V. Ruggiero M. D.

4-10, 1916 (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent — DATE OF BURIAL, April 11 1916.

20-UNDERTAKER Martin Fahey & Son — ADDRESS 1062 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94098

CERTIFICATE OF DEATH.

91

C94098

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 W Lafayette ave ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Brewer Reinoehl

(Residence in Baltimore: No. 1439 W Lafayette ave St.; Infant mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February 1, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Henry A Reinoehl

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary D Brewer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry A Reinoehl

(Address) 1439 W Lafayette

15- APR 11 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 8 1916, that I saw her alive on April 8 1916, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Howard G. Bilson M. D.

Apr. 12, 1916. (Address) 1917 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Park	April 11, 1916.
20-UNDERTAKER	ADDRESS
H. L. Redmond Son	Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. J. C. Reinoehl
1916 Bolton

Spec.—8-24-14—M. & T.—2000 Bks.

C94099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

125 C94099

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2318 E. Chapel St.; 21 WARD)
REGISTERED NO. C.....

2-FULL NAME Annie Schubart

(Residence in Baltimore: No. 2318 E. Chapel St.; 21yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 15 (Month) (Day), 1875 (Year)

7-AGE, 40 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Richard Wittig

11-BIRTHPLACE OF FATHER (State or Country), Elba Prussia Germany

12-MAIDEN NAME OF MOTHER Elizabeth Weber

13-BIRTHPLACE OF MOTHER (State or Country), Elbahalle Hesse Darmstadt Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schubart

(Address) 231 E. Chapel

15- Filed APR 11 1916 ROBERT KRAUTER, Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 8 1916, that I saw her alive on April 6 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Urethral Abscess

(Duration) yrs. mos. 7 ds.

(Signed) H. A. Brundick M. D.

April 8 1916. (Address) 828 Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, County Cemetery — DATE OF BURIAL, April 12 1916.

20-UNDERTAKER John A. Morand & Sons — ADDRESS Bank

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94100 C94100

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Wolf ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paul Behmaine

(Residence in Baltimore: No. 1501 N. Wolf St.; like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH. Oct. 12, (Month) (Day) 1909. (Year)

7-AGE.	If LESS than 1 day,
6 yrs. 5 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Fredrick W Behmaine

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary A Schaub

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrick W Behmaine

(Address) 1501 N. Wolf

15- APR 11 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to April 8th 1916, that I saw h... alive on April 8th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tub

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 10th, 1916 (Address) 1414 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	April 11, 1916

20-UNDERTAKER	ADDRESS
Robert S Turner	442 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94101 C94101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1008 W. Central Ave. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Elizabeth Hammack

(Residence in Baltimore: No. 5729 Mura St., 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE White | 5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 27, 1863 (Month) (Day) (Year)

7-AGE, 52-7-13 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Grace

PARENTS.

10-NAME OF FATHER, William A. Jones

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER, Elizabeth Kirk

13-BIRTHPLACE OF MOTHER (State or Country), Charles Town W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Hammack

(Address) 5729 Mura St.

15- Filed APR 11 1916, 191... ROBERT KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin T. Turner M. D. (Coroner.)

April 10th, 191.6 (Address) W. B. & A. Building

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, April 12, 1916

20-UNDERTAKER R. & T. Turner | ADDRESS 1442 N. Broadway

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94102

CERTIFICATE OF DEATH.

79 C94102

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Calhoun Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah Jane Watson

(Residence in Baltimore: No. 2113 Calhoun Ave St.; 66 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June (Month) 23 (Day), 1849 (Year)

7-AGE, 66 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Joseph Thompson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ann Early

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Watson

(Address) 2113 Calhoun Ave

15- APR 11 1916 Filed....., 191.... ROBERT . BRADTEN, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 10 1916, that I saw h[illegible] alive on April 10 1916, and that death occurred, on the date stated above, at 11.[illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. L. Kolb M. D.

April 10, 1916. (Address) 814 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, April 13, 1916

20-UNDERTAKER George J. Smith ADDRESS 1600 Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94103 C94103

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 851 Wagenhard ST.; 18 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Lingis.

(Residence in Baltimore: No. 851 W Lombard - St.; 7 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September; 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia (Russia)

PARENTS.

10-NAME OF FATHER, Andrew Lingis

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Elizabeth Judaeite

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lingis

(Address) 851 W. Lombard St

15- APR 11 1916 1916 ROBERT J. KRAUTER, Permit Clerk.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April - 191 , to Apr 10 1916; that I saw her alive on Apr 10 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Sepsis Myocarditis

Puerperal Edema

(Duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Puerperal Septicemia

(Duration) yrs. mos. 10 ds.

(Signed) M. C. Finlinger M. D.

4-11-16 191... (Address) 682 Columbus Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, April 12 1916

20-UNDERTAKER John Weber & Sons

ADDRESS 500 S. Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94104 C94104 155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2523 Madison Ave 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Clay Jones

(Residence in Baltimore: No. 2523 Madison Ave)

20 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 11th, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chemical Chemist
(b) General nature of industry, business, or establishment in which employed (or employer): Chemist 75°

9-BIRTHPLACE, (State or Country), Frederick Co, Md.

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Joanna Clay

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B. Jones

(Address) 2523 Madison Ave

15 APR 11 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cyanide of Potassium poisoning taken with Suicidal intent, while in a State of mental depression.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert M. Lenert M. D.
(Coroner.)

Apr. 11, 1916. (Address) 1724 W. Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Central Cemetery Frederick Co Md	April 12, 1916.
20-UNDERTAKER John B Spence	ADDRESS 1325 N. Caroline St

C94105

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

C94105

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1523 W. Lanvale street, ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Leizar also known as Louis Goodman,

(Residence in Baltimore: No. 1523 W. Lanvale street, St.: 1c yrs, mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, ... May (Month) ..... 28th (Day), 1855, (Year)

7-AGE, ... 60 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day work,

9-BIRTHPLACE, (State or Country), Russia,

PARENTS.

10-NAME OF FATHER. Leizar Goodman,

11-BIRTHPLACE OF FATHER (State or Country). Russia,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Niemann, daughter,

(Address) 1523 W. Lanvale street.

15- APR 11 1916 19.. ROBERT [illegible], Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

..... Probably .....

..... Atheromatous myocarditis, ...

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Bedrick Kennedy M. D.
(Coroner.)

April 10 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Rosedale	4/11, 1916
20-UNDERTAKER Jack Lewis	ADDRESS E Balto St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94106

CERTIFICATE OF DEATH.

154

C94106

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535½ Orchard ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Leakins

(Residence in Baltimore: No. 535½ Orchard St 66 yrs. ..... mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE. About 70 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Lankford

(Address) 535½ Richmond St

15- Filed APR 11 1916 HENRY J. KRAUTER, Registrar. Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31st 1916, to April 6th 1916, that I saw h. alive on April 6th 1916, and that death occurred, on the date stated above, at 1 p. m.,

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(Duration) 1 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Senile debility (Duration) 2 yrs. ..... mos. ..... da.

(Signed) H. Krantkoff M. D.

4-10, 1916 (Address) 1354 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 11th 1916
20-UNDERTAKER John A. Ricks	ADDRESS 117 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94107

CERTIFICATE OF DEATH.

104 C94107

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Speirs

(Residence in Baltimore: No. 614 E. 28th St. St.; ...yrs., ...mos. ...ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Oct 27, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Emmett Speirs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Diggs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ward Mercy Hosp.

(Address) Calvert St.

15-Filed APR 11 1916, ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 9, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 8 1916, to Apr. 9 1916, that I saw h[illegible] alive on Apr. 9 1916, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

..... (Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward Duvall M. D.

Apr. 9, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. In the U.S. State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 614 E. 28th St.

Former or usual residence 614 E 28th St.

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, APR 10 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

Spec.—9-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94108

CERTIFICATE OF DEATH.

100

REGISTERED NO. C 94108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Pitcher" ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Butler

(Residence in Baltimore: No. 630 Pitchers St.; ..... yrs., ... mos. ..... ds.)

Wife

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Col.	Widowed

6-DATE OF BIRTH, March (Month) 27 (Day), 1894 (Year)

7-AGE, 22 yrs. ..... mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid Occupation

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert Tastman

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ida Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Tastman

(Address) 630 Pitchers St.

15- APR 11 1916 Filed....., 191.... ROBERT J. BRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1916, to April 8 1916, that I saw her alive on April 7 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

.....

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY. (Secondary) Followed Sinusitis

..... (Duration) ..... yrs. ..... mos. 20 ds.

(Signed) ..... M. D.

April 8, 1916 (Address) 1209 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ft Auburn — DATE OF BURIAL, APR 1 1 1916

20-UNDERTAKER JAMES H. DENNIS. — ADDRESS 1303 PRESSTMAN ST.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94109

CERTIFICATE OF DEATH.

113 C94109

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1413 Harford Av ST.; 9 WARD)

2-FULL NAME J. Geo. Hoffman

Residence in Baltimore: No. 1413 Halford Av St.; ..... yrs., Life mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 24 (Day), 1868 (Year)

7-AGE, 47 yrs. 8 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Life Ins, 630
(b) General nature of industry, business, or establishment in which employed (or employer): Collector

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John P. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Hoffman

(Address) 1413 Halford Av

15- Filed APR 11 1916, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 10 1916, that I saw h.. alive on April 9 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

3

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) ... yrs. ... mos. ... ds.

(Signed) John P. Peck M. D.

April 10, 1916. (Address) 936 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Apr. 12, 1916.

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(94110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

(94110

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1749 E Lexington St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Merenbloom

(Residence in Baltimore: No. 1749 E Lexington St. 1 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (*Write* the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Merenbloom

(Address) 1749 E Lexington st

15-Filed APR 11 1916, 191

ROBERT J. KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1915, to April 10 1916, that I saw h[illegible] alive on April 10, 1916, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 30 ds

Contributory (SECONDARY) Cardiac dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Chodosch M. D.

April 11, 1916 (Address) 216 N. High

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1744 E Lexington st

19-PLACE OF BURIAL OR REMOVAL: Home Mt Carmel — DATE OF BURIAL: April 11, 1916

20-UNDERTAKER: L. Levinson & Bro. — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C94111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C94111

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 W Mosher ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Richard J. Gillingham

(Residence in Baltimore: No. 2805 W Mosher St.; 64 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6—DATE OF BIRTH, January 12, 1852
(Month) (Day) (Year)

7—AGE, 64 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.!

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... Captain
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat Co.

9—BIRTHPLACE, (State or Country), Md.

PARENTS.

10—NAME OF FATHER, Geo Gillingham

11—BIRTHPLACE OF FATHER (State or Country), Md

12—MAIDEN NAME OF MOTHER Annie Slade

13—BIRTHPLACE OF MOTHER (State or Country), Md

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Gillingham

(Address) 2805 Mosher St

15—Filed APR 11 1916, 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 9, 1916
(Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 9 1916, that I saw him alive on April 9 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) E. Dorsey Ellis M. D.

April 11, 1916. (Address) 915 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, April 12 1916

20—UNDERTAKER Jno. J. Fisher & Sons ADDRESS 318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94112

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94112

CERTIFICATE OF DEATH.

92

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 17 Dobson's Court ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Hilah Warfield

(Residence in Baltimore: No. 17 Dobson's Court St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Female	Col	Single

6-DATE OF BIRTH, July (Month) 7 (Day), 1910 (Year)

7-AGE, 5 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, David Warfield

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Eliza Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Warfield

(Address) 19 Dobson's Ct.

15- APR 11 1916 ROBERT . KRAUTER,

Filed....., 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. E. Jeffers M. D.

Apr 11, 191.. (Address) 24 E. W. St. Franc

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 11 1916

20-UNDERTAKER H. L. Brown & Son — ADDRESS 108 W Mont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

094113 HEALTH DEPARTMENT—CITY OF BALTIMORE 094113

CERTIFICATE OF DEATH. X182

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McCready

(Residence in Baltimore. No. St Josephs Hospital St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Unknown (Month), (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day, Steel Wks.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie McCready

(Address) 331 Dallas st.

15- APR 11 1916 Filed, 191. ROBERT KRAUSE Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7th (Month), (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound in head inflicted from a pistol in the hand of Jerry Dean

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elijah J. Disney M. D. (Coroner.)

April 7th, 191 6 (Address) 5 E. Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lakeville Md

19-PLACE OF BURIAL OR REMOVAL, Wingate Cemetery Baltimore Co. Md. DATE OF BURIAL, April 11th 1916

20-UNDERTAKER Charles B. Jones ADDRESS 506 East st.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9414 C9414

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 631 George ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch T. Wheeler

(Residence in Baltimore: No. 631 George St. 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1851 (Year)

7-AGE, 65 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: B & O. R. R.
(b) General nature of industry, business, or establishment in which employed (or employer): Porter 86

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Wheeler

(Address) 631 George St

15- APR 11 1916 ROBERT J. KRAUTER, Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April — 7 —, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to April 6 1916, that I saw h[illegible] alive on Apr 6 1916, and that death occurred, on the date stated above, at 11.35 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) S. S. Hughes M. D.

April 8, 1916 (Address) 1413 S. Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, April 11, 1916

20-UNDERTAKER C. T. Chase & Son — ADDRESS 1400 Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94115

CERTIFICATE OF DEATH.

91 C94115

REGISTERED NO. C.....

1-PLACE OF DEATH: Garrett Hospital

CITY OF BALTIMORE: (No. 27 N. Carey ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Eda Downey

(Residence in Baltimore: No. 501 W Lombard St.; 1 yrs. — mos. 14 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: March 17, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. — mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Baltimore - Md.

PARENTS.

10-NAME OF FATHER: John Downey

11-BIRTHPLACE OF FATHER (State or Country): Rock Hall-Md

12-MAIDEN NAME OF MOTHER: Sallie Harrison

13-BIRTHPLACE OF MOTHER (State or Country): Queen Anns Co-Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Downey

(Address) 501 W. Lombard St

15- Filed APR 11 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 10 1916, that I saw her alive on April 10 1916, and that death occurred, on the date stated above, at 2.55 P.m.

The CAUSE OF DEATH* was as follows:

P. Bronchial Pneumonia

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) E. Hellen Hemmis M. D.

April 10, 1916 (Address) 200 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 501 W Lombard St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Apr. 12, 1916.

*20-UNDERTAKER Jos B Cook ADDRESS 1003 West Baltimore St

C94116

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94116

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann General Hospital ST. WARD)

Registered No. C 15 104

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia M. Plummer,

(Residence in Baltimore: No. 2113 N. Pulaski St.; yrs. Fife mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 5 (Day), 1915 (Year)

7-AGE: yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Md Balto.

PARENTS

10-NAME OF FATHER: John Plummer

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: May Linn

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Wesley Plummer

(Address) 2113 N. Pulaski St.

15 APR 11 1916 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March-11, 1916, to, April-11 1916, that I saw her alive on April-11-, 1916, and that death occurred, on the date stated above, at 1-10 A.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Intestinal Indigestion

(Duration) yrs. 2 mos. ds.

(Signed) Martin N. Shook M. D.

April-11, 1916. (Address) 806 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 0 ds. In the State yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? 2113 N. Pulaski St

Former or usual residence 2113 N. Pulaski St.

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 13 1916

20-UNDERTAKER: Jos Block — ADDRESS: 1003 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94117 | 113 | C94117

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 126 N. Chester ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Beck

(Residence in Baltimore: No. 126 N. Chester St.; 14 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. May 1st, 1902.
(Month) (Day) (Year)

7-AGE. 43 yrs. 11 mos. ..... ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant 455
(b) General nature of industry, business, or establishment in which employed (or employer): Fred'k Hay

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Jacob Beck
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER. Filipine Klatte
13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Lena H. Beck
(Address) 126 N. Chester St.

15- Filed APR 11 1916 191... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 8th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 27th, 1915, to April 8th, 1916, that I saw h[im] alive on April 8th, 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 4 yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) Autom. & Biopsy

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles A. Meyer M. D.
April 9th, 1916. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Evangelical Cemetery	April 11th, 1916.
20-UNDERTAKER	ADDRESS
Christian Miller	233 S. Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94118

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94118

CERTIFICATE OF DEATH.

96

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Athanasy Hymes

(Residence in Baltimore: No. 2428 E. Monument St. Life yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Aug. (Month) 6th (Day), 1861 (Year)

7-AGE, ... 54 yrs. 8 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Alexander Day

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Catherine West

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... George M. Hymes

(Address) ..... 2428 E. Monument St.

15-APR 11 1916 BUREAU OF VITAL STATISTICS

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to Apr. 8 1916, that I saw her alive on Apr. 8 1916, and that death occurred, on the date stated above, at 6.45 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

..... (Duration) ... yrs. Acute mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ..... Wm. Schmit M. D.

Apr. 10, 1916. (Address) 701 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 12, 1916

20-UNDERTAKER H. Oander Sons ADDRESS 1710 Pleas Ave

701 N. Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bkt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94119 C94119

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delverson Maud Harten

(Residence in Baltimore: No. 1838 W. Lanvale St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 9th, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. William Francis Harten

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md

12-MAIDEN NAME OF MOTHER Bettbine Delverson Bauman

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Family

(Address) 1838 W. Lanvale

15- APR 11 1916 DEPT OF HEALTH Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 1916, to April 10 1916, that I saw her alive on April 9th 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Premature birth - (6 mo)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Maurice Jones M. D.

April 10th, 1916. (Address) 423 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park — DATE OF BURIAL, April 13, 1916.

20-UNDERTAKER B. W. Gore — ADDRESS 1723 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94120 — 92 — C94120

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1159 Lemmon ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ennels Chaney

(Residence in Baltimore: No. 1159 Lemmon St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	married

6-DATE OF BIRTH, ..., 1836.
(Month) (Day) (Year)

7-AGE, 80 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 243

9-BIRTHPLACE, (State or Country), Talbot Co Md.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont "

13-BIRTHPLACE OF MOTHER (State or Country), Dont "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Viola Green

(Address)..1159 Lemmon St

15- APR 11 1916 Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 9 1916, that I saw h[illegible] alive on April 9 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Old age

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

April 9 1916. (Address) 209 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, APR 1 1 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94121 C94121

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Cedar Ave ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 6 mo. Infant of Mrs. Thos. Kain

(Residence in Baltimore: No. 3116 Cedar Ave St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, 4 (Month) 9 (Day), 1916. (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 19 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 3116 Cedar Ave

PARENTS.

10-NAME OF FATHER. Thos. H. Kain

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Sarah D. Malin

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Kain

(Address) 3116 Cedar Ave

15- Filed APR 11 1916, 191... HARRY O. ANDERSON Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from —— 191..., to —— 191..., that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

6 mo. Marasmus

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.

4/11/16, 191.6 (Address) 3435 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER Health Commissioner	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND APR 11 1916

FOR ANATOMICAL PURPOSES

COMMISSIONER OF HEALTH.

I hereby make application to have the city bury the

body of Infancy Sarah Kain age Still Born

color White now at No. 316 Cedar Av St.

Name of Applicant T. H. Kain

Address 316 Cedar Av

Spec.—8-24-14—M. & T.—1000 Blks.

Spec.—8-24-14—M. & T.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94122 71 C94122

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Fairmount St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs William H. Wingate

(Residence in Baltimore: No. 1125 Fairmount St.; ....yrs.,....mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Apr. (Month) 6 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 1½ ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William H Wingate

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Emma Wills

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H Wingate

(Address) 1125 Fairmount St

15-

Filed APR 11 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1916, to Apr 8 1916, that I saw him alive on Apr 7 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) E. William Fitz M. D.

Apr. 9, 1916 (Address) 1938 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	APR 11 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94123 C94123

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Thurlauf

(Residence in Baltimore: No. 1118 N Washington St.; 39 yrs., ... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 22 (Month) (Day), 1875 (Year)

7-AGE, 40 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Faulwetter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaretha Braun

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Thurlauf

(Address) 1118 N. Washington

15- Filed APR 11 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1914, to April 9 1916, that I saw her alive on April 9 1916, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Sandrock M. D.

April 9, 1916. (Address) 1242 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem

DATE OF BURIAL, April 12, 1916

20-UNDERTAKER Johnson & Co

ADDRESS 2008 Aliceanna St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94124 HEALTH DEPARTMENT—CITY OF BALTIMORE 172 C94124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Hoffman,

(Residence in Baltimore: No. 1525 Myrtle avenue, St.) 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widowed,

6-DATE OF BIRTH, ?(Month) ?(Day), 1847. (Year)

7-AGE, 69 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Fireman,
(b) General nature of industry, business, or establishment in which employed (or employer): Salto: City Fire Department,

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Francis M. Hoffman,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Barbara Snyder,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Maier, sister,

(Address) 440 Pinkney street.

15- Filed APR 11 1916, 191.. Name & Address Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at the base of skull resulting from an accidental fall on street, (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frank C. Hampel, M. D. (Coroner.)

April 11, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Smith st, near Penna. ave.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Apr 12, 1916.

20-UNDERTAKER W H Fahey & Sons ADDRESS 616 Lafayette Ave

M 5519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94125 C94125

92

REGISTERED NO. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 4521 Park Heights Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick D. Costello

(Residence in Baltimore: No. 4521 Park Heights Ave ST.; 65 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1841 (Year)

7-AGE: 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Ex Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): 72d

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Wm Costello

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Shanley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Costello

(Address) 4521 Park Heights Ave

15- APR 11 1916 Filed ....., 191.... HARRY O ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1916, to April 10 1916, that I saw him alive on April 9, 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

Heart dilatation

Known duration since February 26-16

(Duration) — yrs. 1 mos. 15 ds

Contributory (SECONDARY) Acute Pneumonia

(Duration) — yrs. — mos. 15 ds.

(Signed), John D. Kenny M. D.

April 10, 1916 (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Apr 13, 1916

20-UNDERTAKER: M. Fahey & Sons — ADDRESS: 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94126 C94126

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Monta ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeanette Elkan

(Residence in Baltimore: No. 803 N. Monta St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 21, 1837
(Month) (Day) (Year)

7-AGE, 76 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Silverin Herman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Baum

(Address) 210 N. Chester St

15- APR 11 1916 DEPT OF HEALTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1915, to April 10 1916, that I saw h er alive on April 10 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

Chron-Sclerosis - Pleurisy

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) angina pectoris

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Harry Adler M. D.

April 10, 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Hebrew Cem — DATE OF BURIAL, 4/13, 1916

20-UNDERTAKER David Rondheim — ADDRESS 1180 Mont Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94127 C94127

HEALTH DEPARTMENT—CITY OF BALTIMORE 9

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Paul's Hosp St. 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Morris

(Residence in Baltimore: No. 2050 Eastern Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 20th (Day), 1859 (Year)

7-AGE, 57 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grain Broker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Morris

(Address) 2050 Eastern Ave

15- APR 11 1916 Filed....., 191.....

HARRY O. ROBERTS, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Suicide) Pistol shot wound in head

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Edwin H Daniels M. D. (Coroner.)

April 11th, 1916 (Address) 1127 N. Mechanic Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State 57 yrs. Life mos.....ds.

Where was disease contracted, if not at place of death? 2050 Eastern Ave

Former or usual residence 2050 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	April 12, 1916
20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94128

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94128

CERTIFICATE OF DEATH.

74

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 921 Appleton St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Viertel Curtis

(Residence in Baltimore: No. 921 Appleton St.; 40 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 12th, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, John Curtis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Katherine Kraft.

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos H Curtis

(Address) 921 Appleton St

15- Filed APR 11 1916, 191.... HARRY O. ANDERSON, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5th 1916, to April 9th 1916, that I saw her alive on April 9th 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(Could not state the Cause)
(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Huntington's Chorea
(Duration) ....yrs. ....mos. ....ds.

Signed Egbert L. Mortimer M. D.
April 9th 1916 (Address) 520 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cem. | DATE OF BURIAL, April 12, 1916.

20-UNDERTAKER Wm Cook | ADDRESS 502 E. Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C94129

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1123 Orleans ST.; 5th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Walker

(Residence in Baltimore: No. 1123 Orleans St.; .....yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 25 (Day), 1914 (Year).

7-AGE, ...yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Fred'k. Walker

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Polka

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Fred L. Walker.....

(Address)..1123 Orleans St.....

15. APR 11 1916 Filed....., 191.... BABNT & ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 11 1916, that I saw him alive on April 11 1916, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronchio Pneumonia

.....

.....

..... (Duration).....yrs.....mos...3..ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

April 11, 1916 (Address) 120½ Arisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem.

DATE OF BURIAL, April 13, 1916.

UNDERTAKER Wm Cook

ADDRESS 502 Northa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94130 C94130

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N. Gay ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Kleitsch

(Residence in Baltimore: No. 540 N. Gay St.; 65 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, December 14, 1836
(Month) (Day) (Year)

7-AGE, 79 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker.
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John F Kleitsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Kleitsch

(Address) 540 N Gay St

15- APR 11 1916 HARRY O ...
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1916, to April 10th 1916, that I saw h[illegible] alive on April 9th 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

1. Senility Don't Know
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
April 11th 1916. (Address) 1500 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorrain Cemetery	April 12, 1916.
20-UNDERTAKER Leston F Rusenbaugh	ADDRESS 2620 St Paul

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 94131 — 17 — C 94131

REGISTERED No. C .....

PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Charles Froburg.

(Residence in Baltimore: No. 2010 E. Lombard St. 36 St.; 8 yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August (Month) 4 (Day), 1879 (Year)

7-AGE, 36 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber 333
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Charles H. Froburg

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Raithel

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Froburg (wife)

(Address) 2010 Lombard St.

15- APR 12 1916 (Date) ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy & Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably accidental — Fall from scaffold.
Fracture ribs & internal injuries.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Harry Blakemore M. D. (Coroner.)

April 11, 1916. (Address) 1 E. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dulto. Cem. DATE OF BURIAL, April 13 1916

20-UNDERTAKER Jos. J. Kern ADDRESS 1914 E. Fayette

C94132

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

C94132

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1133 Battery Ave St. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Dougherty

(Residence in Baltimore: No. 1133 Battery Ave St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: April (Month) 12 (Day), 1916 (Year)

7 AGE: 3 Hours. yrs. mos. ds.

If LESS than 1 day, ... hrs. or ... min.? 3

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Louis W Dougherty

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Catherine Gutgunjer

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis W. Dougherty.

(Address) 1133 Battery Ave

15 APR 12 1916 Filed ..., 191...

ROBERT . BRAUER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 12th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12th, 1916, to April 12th 1916, that I saw h-- alive on April 12th, 1916, and that death occurred, on the date stated above, at 3 10 A m.

The CAUSE OF DEATH* was as follows:

Internal Injuries result from Industrial & Officinal Labor

(Duration) 3 hrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Thos B Kalb M. D.

April 12th, 1916. (Address) 1203 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Westerne

DATE OF BURIAL: 4-12th, 1916

20 UNDERTAKER: E & B Hale

ADDRESS: 115 E Mont St

C94133

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94133

CERTIFICATE OF DEATH.

Registered No. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 120 S. Dallas St.: 3 WARD)

2-FULL NAME John Willis

(Residence in Baltimore: No. 120 S. Dallas St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

70

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, ..., 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Smith

(Address) 214 S. Dallas

15- APR 12 1916 Filed ROBERT . KRAUTER, Burial Permit Clerk. By Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Parenchymatous Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Lovage M. D.
(Coroner.)

April 11th, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	April 13 1916.
20-UNDERTAKER	ADDRESS
John W Henderson	317 Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 45 C94134

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Byers

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1882 (Year)

7-AGE, 33 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, M. Luther Byers

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Lavinia Mobley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- APR 12 1916 ROBERT . GRAUTER, Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 12 1916, that I saw her alive on April 12 1916, and that death occurred, on the date stated above, at 12 00 a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Endothelioma (Cerebellar - fossa)

(Duration) 10 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Operation (Duration) ....yrs. ....mos. 1 ds.

(Signed) George R. Dixon M. D.

April 12, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1052 Antietam St Hagerstown Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hagerstown Md	April 13, 1916.
20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94135 C94135

CERTIFICATE OF DEATH

120

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1237 Hanford Rd ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Gray

(Residence in Baltimore: No. 1237 Hanford Rd ats. St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Nov. (Month) 5th (Day), 1853 (Year)

7-AGE: 62 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe Business
(b) General nature of industry, business, or establishment in which employed (or employer): His own

9-BIRTHPLACE (State or country): Scotland

PARENTS

10-NAME OF FATHER: Alexander Pringle Gray

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Helen Glass

13-BIRTHPLACE OF MOTHER (State or country): Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm R. Coughlan

(Address) 168 E. Biddle St

15- APR 12 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 6th 1916, that I saw h-m alive on April 6th 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cystic Sclerosis

Degenerative Myocarditis, Sclerotic Nephritis

(Duration) 4+ yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hampson Jones M. D.

April 11, 1916 (Address) 2539 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 13, 1916

20-UNDERTAKER: McLean & Jones. — ADDRESS: 833 Linden Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Lucy Tuke.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94136 C94136

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1210 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Tuke

(Residence in Baltimore: No. 1210 Division St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... 1849 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) Private

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Shadrock Tucker

11-BIRTHPLACE OF FATHER (State or Country), Md "

12-MAIDEN NAME OF MOTHER Jane Parish

13-BIRTHPLACE OF MOTHER (State or Country), Md "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Shadrock Tucker

(Address) 1212 Division St

15- ROBERT . KRAUTER,
Filed APR 12 1916, 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to April 9th 1916, that I saw h.. alive on April 9th 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arteriosclerosis of the Brain

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) J. S. Lee Ellis M. D.

April 10, 1916. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, April 12, 1916.

20-UNDERTAKER John F. Owens — ADDRESS 1222 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94137

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 404 N Chapel ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Gotchmer

(Residence in Baltimore: No. 404 N Chapel St.; yrs., unknown mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 29 (Day) 1847 (Year)

7-AGE, 71 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Building & Contracting Co.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Gotchmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schoole

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Gotchmer

(Address) 404 N. Chapel St.

15-APR 12 1916 Filed....., 191.... ROBERT F. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D. (Coroner.)

June 11, 1916. (Address) 156 W. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	April 13 1916

20-UNDERTAKER	ADDRESS
Leo. G. Cook	1106 Patterson Park Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C941138 C941138

CERTIFICATE OF DEATH.

× 109

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Maryland Hospital ST.; WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Lebenstein

(Residence in Baltimore: No. Maryland Hospital St.; ....yrs.,....mos. 64 ds.)

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1852 (Year)

7-AGE,	If LESS than 1 day,
64 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Smith.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Charity Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Lebenstein

(Address) Reisterstown Md.

15- Filed APR 12 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8 1916, to April 12 1916, that I saw h.. alive on April 12 1916, and that death occurred, on the date stated above, at 2209 m.

The CAUSE OF DEATH* was as follows:

Lepra

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction.

(Duration) Chronic yrs. ....mos. ....ds.

(Signed) G. B. Rose M. D.

4/12/16, 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 64 ds. In the State ....yrs. Life mos. ....ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence Reisterstown Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dr Stone Chapel	April 14, 1916.
20-UNDERTAKER	ADDRESS
W M Courtney	230 Veronne

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94139 40 C94139

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Orphan Asylum ST.; 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Berlin

(Residence in Baltimore: No. 300 S. Eden St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1841 (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 48 2
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Tailor

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1419 E Balt St

15-
Filed APR 12 1916, 191... ROBERT . KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to April 12 1916, that I saw h[illegible] alive on April 12 1916, and that death occurred, on the date stated above, at 7 am m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Barlow M. D.

April 12, 191.. (Address) 712 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State 9 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 300 S. Eden St

19-PLACE OF BURIAL OR REMOVAL, Workmen circlement Cem. DATE OF BURIAL, 4-14-16

20-UNDERTAKER Jack Lewis ADDRESS E Balt St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94140 — 92 C94140

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 413 Warren ave. St.; 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Mougherty

(Residence in Baltimore: No. 413 Warren ave. St.; 40 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Don't know (Month) ..... (Day), 1847 (Year)

7-AGE, 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... President
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Tug Boat Co.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Roger Mougherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Mougherty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. P. Mougherty

(Address) 413 Warren Ave

15- Filed APR 12 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1916, to April 10th 1916, that I saw h[illegible] alive on April 10th 1916, and that death occurred, on the date stated above, at 3.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Edward Kilduff M. D.

April 11, 1916 (Address) 705 Augusta

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 13, 1916
20-UNDERTAKER	**ADDRESS**
H. and M. H. Flynn	1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C94141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130

C94141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12. S. Smallwood ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Leatherwood

(Residence in Baltimore: No. 12. S. Smallwood St.; 16 yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~. (*Write* the word.) Married

6-DATE OF BIRTH June 17" 1855
(Month) (Day) (Year)

7-AGE, 60 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stock clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clothing Factory

9-BIRTHPLACE, (State or Country), Carroll County Md

PARENTS.

10-NAME OF FATHER, Jessie Leatherwood

11-BIRTHPLACE OF FATHER (State or Country), Carroll County Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Carroll County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellis Leatherwood

(Address) 12 S. Smallwood St.

15-

Filed APR 12 1916, 191.... ROBERT KRAUSS, Registrar.

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 10" 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to April 10 1916, that I saw h[illegible] alive on April 10 1916, and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

(a) Cranium Cerebral Hemorrhage

.....

.....

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Messiah Lutheran Burial Pl Near Barretts Md

DATE OF BURIAL, APR 13 1916

20-UNDERTAKER Geo R Gerber

ADDRESS Baltimore

85

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

94142

HEALTH DEPARTMENT—CITY OF BALTIMORE

94142

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3416 Stafford ST.; 20 WARD)
REGISTERED NO. C.....

2-FULL NAME Wm A. Skipper Jr.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3416 Stafford St.; X yrs., X mos. 10 minutes ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 10 (Day), 1916 (Year)

7-AGE, X yrs. X mos. X ds.

If LESS than 1 day, ... hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm A Skipper

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Laura Mellvin

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Skipper

(Address) 3416 Stafford St

15- APR 12 1916 Filed....., 191.....

BOWERY Asst. Registrar. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 10th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1916, to Apr 11th 1916, that I saw h[illegible] alive on Apr 1916, and that death occurred, on the date stated above, at 4:10 p m.

The CAUSE OF DEATH* was as follows:

At birth - strangulation cause by 2 knots in umbilicle cord.
Sat birth

Premature. (Duration) ... yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Exhaustion due to obstructed Pulmonary circulation (Duration) X yrs. X mos. X ds.

(Signed) F Erickson M. D.

4/11, 1916. (Address) 2426 Ellamont Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, APR 12 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94143

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92.

C94143

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 570 Nunnum St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Alexander

(Residence in Baltimore: No. 570 Nunnum St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Blk.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March (Month) ..... (Day), 1874 (Year)

7-AGE: 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Domestic 877

(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: William Alexander

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mamie Johnson

13-BIRTHPLACE OF MOTHER (State or country): Maryland -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellen Alexander

(Address) 570 Biddle Alley -

15. FILED APR 12 1916 ROBERT KRAUSE Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3d, 1916, to April 9 1916, that I saw h-e alive on April 8, 1916, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Martha E. Lapsman M. D.

April 10, 1916. (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: April 12, 1916

20-UNDERTAKER: C. Charles B. Jones

ADDRESS: 506 Rogers Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C4144 C4144

CERTIFICATE OF DEATH

41

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1535 W Franklin ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Certaiar

(Residence in Baltimore: No. 1538 W. Franklin St. 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	widowed

6-DATE OF BIRTH April, 1850 (Month) (Day) (Year)

7-AGE 66 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER James Scott

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary D. Scott

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Genevieve Certaiar

(Address) 1535 W Franklin St

15 Filed APR 12 1916 ROBERT . KRAUTER Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1916, to April 11 1916, that I saw h- alive on April 11 1916, and that death occurred, on the date stated above, at 5 20P m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Carcinoma of rectum

(left Breast removed 20 years ago)

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John Vansant M. D.

April 12, 1916 (Address) 525 N Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park DATE OF BURIAL April 13 1916

20-UNDERTAKER Joseph L Block ADDRESS 1003 W Balto St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94145 C94145

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 765 Dorsey ST.; 21 WARD) REGISTERED NO. C

USUAL NAME Wm Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 765 Dorsey St.; 38 yrs., 8 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. July (Month) 15 (Day), 1867 (Year)

7-AGE, 38 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver 62nd
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country), U.S.A. Md

PARENTS.

10-NAME OF FATHER, Leroy Smith

11-BIRTHPLACE OF FATHER (State or Country), U.S. Co Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), U.S. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Smith

(Address) 765 Dorsey St.

15 APR 12 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28th 1916, to Apr 9th 1916, that I saw h~~im~~ alive on Apl 9th 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. G. Lauck M. D.

Apl 10, 1916 (Address) 1313 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? N

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery — DATE OF BURIAL, April 12 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Pacific St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94146

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

C94146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Lobar St.; 18 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Milligan

(Residence in Baltimore: No. 833 Rabard St.; 2 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Apr. (Month) ..... (Day) 1878 (Year)

7-AGE: 38 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Hauling
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Mckenney

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sarah Hartenay

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Milligan

(Address) 835 Rabard St

15-Filed APR 12 1916, 191.....

ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 1916, to April 10 1916, that I saw h.. alive on April 8 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) 1 yrs. 1 mos. 0 ds.

Contributory (SECONDARY) Pulmonary

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Kenney M. D.

April 10 1916 [Address] 1707 Edmondson

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery — DATE OF BURIAL: April 13 1916

20-UNDERTAKER: Geo H Hooper — ADDRESS: 609 Little Pratt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-34-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94147

CERTIFICATE OF DEATH.

10 C94147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 E Chase ST.; 10 WARD)

REGISTERED No. C_____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Kimmerlein

(Residence in Baltimore: No. 1223 E Chase St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May (Month) 29 (Day), 1840 (Year)

7-AGE, 75 yrs. 10 mo. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Transfer Business
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. M. Kimmerlein

(Address) 1223 E. Chase St

15-APR 12 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 11 1916, that I saw him alive on April 11 1916, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

(a) [illegible]

(b) Carcinoma

(c)

(Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs....mos....ds.

(Signed) Geo. Adler M. D.

April 12, 1916 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Apr. 14., 1916

20-UNDERTAKER Henry Arnold Son

ADDRESS 1841 E Eager St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94148

CERTIFICATE OF DEATH.

28 C94148

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 371 W. Pratt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hill

(Residence in Baltimore: No. 371 W. Pratt St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... 1893 (Year)

7-AGE,	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Railroad

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Hill

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Gertrude

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Saml L Hemsley

(Address) ..... 578 W Baltimore St

15-

Filed APR 12 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st, 1916, to April 7th, 1916, that I saw h.. alive on April 2d, 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Pneumonia Fibroid

(Duration) ..... yrs. 3 wks. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Ken Ellis, M. D.

4/10, 1916 (Address) 924 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	4-12, 1916
20-UNDERTAKER Saml L Hemsley	ADDRESS 578 W Baltimore

Cases of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

John Herge.

94149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 Loudon Av ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Herge

Residence in Baltimore: No. 258 Loudon Av St.; 65 yrs.,.....mos.....ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec 20, 1828
(Month) (Day) (Year)

7-AGE, 87 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Canmaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Packing House

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Herge

(Address) 258 Loudon Av

15-APR 12 1916 ROBERT . KRAUTH
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 11 1916, that I saw h.. alive on April 11 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....Senile Pneumonia

..... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

April 12, 1916. (Address) Finksburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. London Park Cem. DATE OF BURIAL, April 14th 1916.

20-UNDERTAKER Charles H. Dill. ADDRESS 309 Fred'k Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—8-24-14—M. & T.—2000 Bks.

C94150

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94150

CERTIFICATE OF DEATH.

X 1

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Merriganet

(Residence in Baltimore: No. Md Gen. Hospital St.; .....yrs. .....mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 23 yrs. about mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer - 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... Signal

9-BIRTHPLACE, (State or Country), West Indies —

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md Gen Hospital

(Address) Baltimore Md

15- APR 12 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30th 1916, to April 9th 1916, that I saw him alive on April 9th 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

(Lobar) Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) ....yrs. ....mos. 14 ds.

(Signed) Frank E Shipley M. D.

April 10 1916 (Address) Md Gen Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL, Apr. 13 1916

20-UNDERTAKER Thos. Dugl Health. ADDRESS North Penn

FOR ANATOMICAL PURPOSES.

Please print in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Bradley

(Residence in Baltimore: No.) Mercy Hospital (Street)

(If non-resident give STATE or COUNTRY instead of street and number.) ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, 4 (Month) 5 (Day) 1916 (Year)

7-AGE, 0 yrs. 0 mos. 5 ds. If LESS than 1 day, 0 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland. City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Amelia Wade

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed APR 12 1916, 191... HARRY O. ANDREWS, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-5 191 6, to 4-10 191 6, that I saw h[illegible] alive on 4-10 191 6, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

Premature.

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Charles G. Sima M. D.

4-10, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, APR 12 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94152 HEALTH DEPARTMENT—CITY OF BALTIMORE C94152

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH REGISTERED No. C .....

CITY OF BALTIMORE: (No. 334 E. 28th ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M Connell (Carroll)

(Residence in Baltimore: No. 334 E. 28th St 15 St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Dec. [illegible], 1 ..... (Month) (Day) (Year)

7-AGE 69 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Henry J. Carroll

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth Pyle

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Bennett Connell

(Address) 1119 Fidelity Building

15- APR 12 1916 Burial Permit Clerk.
Filed....., -191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1916, to April 17 1916, that I saw her alive on April 11 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma
(Chronic Nephritis) 10 yrs.
(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) General arterial Sclerosis (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) James S. McElwee M. D.
Apr. 17, 1916 (Address) 1617 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St. Michaels Cemetery, St. Mary's Co. Md. DATE OF BURIAL. 4/13, 191.6

20-UNDERTAKER Chas. F. Coates & Son ADDRESS 118 N. Howard

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94153 C94153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Madison Ave ST.; 14 WARD) REGISTERED NO. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Haynes.

(Residence in Baltimore: No. 2021 Madison Ave St.; 32 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 28th, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Hannusher

(Address) 2021 Madison Ave

15- APR 12 1916 MABEL O ...ERS, Registrar.
Filed ..... 191. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12th 1915, to April 10th 1916, that I saw her alive on April 10th 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetus Mellitus

Several Years.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) ....yrs. ....mos. 1 ds.

(Signed) H Harnack M. D.

April 11 191.6 (Address) 1417 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	April 13th, 1916.
20-UNDERTAKER	ADDRESS
Mr & Mrs John H. Teufel	20 N. Fayette St

CAUSE OF DEATH to be given in plain terms, so that it may be understood by the public. Name of disease alone insufficient. Indefinite terms, such as Debility, Old Age, Marasmus, Cancer, Consumption, Tumor, Abscess, Paralysis, Convulsions, Fever, Inflammation, Hemorrhage, Dropsy, Uremia, Heart Disease, Kidney Disease, Liver Disease, Lung Disease, Stomach Disease, Bowel Disease, Brain Disease, Blood Disease, Childbirth, Accident, Suicide, Homicide, are not sufficient. Write plainly. Do not abbreviate. Name primary cause first, secondary cause next, and so on. Name contributory causes, if any. Name duration of each cause. Name occupation of deceased, if any. Name kind of work, if any. Name nature of industry, business, or establishment in which employed (or employer), if any. Name place of birth, if known. Name parents, if known. Name maiden name of mother, if known. Name place of burial or removal, if known. Name undertaker, if known. Name address of undertaker, if known. Write plainly. Do not abbreviate. Use ink. Do not use lead pencil. Do not write in margins. Do not fold. Do not roll. Keep flat. Do not crease. Do not mutilate. Do not soil. Do not deface. Do not destroy. Do not lose. Do not misplace. Do not forget. Do not neglect. Do not delay. Do not hesitate. Do not refuse. Do not decline. Do not evade. Do not avoid. Do not shirk. Do not shun. Do not flee. Do not run away. Do not escape. Do not hide. Do not conceal. Do not secrete. Do not withhold. Do not keep back. Do not suppress. Do not repress. Do not restrain. Do not check. Do not curb. Do not control. Do not govern. Do not rule. Do not direct. Do not guide. Do not lead. Do not conduct. Do not escort. Do not accompany. Do not follow. Do not pursue. Do not chase. Do not hunt. Do not seek. Do not search. Do not look for. Do not find. Do not discover. Do not detect. Do not perceive. Do not observe. Do not notice. Do not see. Do not hear. Do not listen. Do not attend. Do not heed. Do not mind. Do not obey. Do not comply. Do not submit. Do not yield. Do not surrender. Do not give up. Do not abandon. Do not forsake. Do not desert. Do not leave. Do not depart. Do not go. Do not come. Do not arrive. Do not reach. Do not attain. Do not achieve. Do not accomplish. Do not perform. Do not execute. Do not carry out. Do not fulfill. Do not satisfy. Do not content. Do not please. Do not gratify. Do not delight. Do not amuse. Do not entertain. Do not divert. Do not recreate. Do not refresh. Do not revive. Do not restore. Do not renew. Do not repair. Do not mend. Do not heal. Do not cure. Do not remedy. Do not relieve. Do not alleviate. Do not mitigate. Do not soothe. Do not calm. Do not quiet. Do not still. Do not silence. Do not hush. Do not muffle. Do not deaden. Do not numb. Do not benumb. Do not stupefy. Do not daze. Do not bewilder. Do not confuse. Do not perplex. Do not puzzle. Do not mystify. Do not baffle. Do not frustrate. Do not thwart. Do not defeat. Do not overcome. Do not conquer. Do not subdue. Do not vanquish. Do not rout. Do not put to flight. Do not drive away. Do not expel. Do not eject. Do not banish. Do not exile. Do not transport. Do not deport. Do not remove. Do not displace. Do not supplant. Do not supersede. Do not replace. Do not substitute. Do not exchange. Do not barter. Do not trade. Do not sell. Do not buy. Do not purchase. Do not acquire. Do not obtain. Do not get. Do not receive. Do not accept. Do not take. Do not grasp. Do not seize. Do not clutch. Do not hold. Do not keep. Do not retain. Do not preserve. Do not maintain. Do not support. Do not sustain. Do not uphold. Do not bear. Do not carry. Do not transport. Do not convey. Do not deliver. Do not give. Do not present. Do not offer. Do not tender. Do not proffer. Do not volunteer. Do not contribute. Do not donate. Do not bestow. Do not confer. Do not grant. Do not allow. Do not permit. Do not let. Do not suffer. Do not tolerate. Do not endure. Do not bear. Do not stand. Do not abide. Do not remain. Do not stay. Do not tarry. Do not linger. Do not loiter. Do not dawdle. Do not waste time. Do not idle. Do not be lazy. Do not be slothful. Do not be indolent. Do not be inactive. Do not be passive. Do not be quiescent. Do not be dormant. Do not be latent. Do not be potential. Do not be possible. Do not be probable. Do not be likely. Do not be certain. Do not be sure. Do not be positive. Do not be definite. Do not be exact. Do not be precise. Do not be accurate. Do not be correct. Do not be right. Do not be true. Do not be real. Do not be actual. Do not be existing. Do not be present. Do not be current. Do not be now. Do not be today. Do not be this day. Do not be this year. Do not be this century. Do not be this millennium. Do not be this era. Do not be this epoch. Do not be this age. Do not be this period. Do not be this time. Do not be this moment. Do not be this instant. Do not be this second. Do not be this minute. Do not be this hour. Do not be this day. Do not be this week. Do not be this month. Do not be this year. Do not be this decade. Do not be this century. Do not be this millennium. Do not be this era. Do not be this epoch. Do not be this age. Do not be this period. Do not be this time. Do not be this moment. Do not be this instant. Do not be this second. Do not be this minute. Do not be this hour.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94154 C94154

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1071 W. Lexington St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Sampson

(Residence in Baltimore: No. 1071 W. Lexington St.; 37 yrs., 7 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Aug — 11, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 30 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Jeremiah Miller

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Cecelia Pickett

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Sampson

(Address) 1071 W. Lexington

15- APR 12 1916 HARRY O ANDREWS,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr — 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5th 1916, to April 10th 1916, that I saw her alive on April 10th 1916, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. L. Smith M. D.

April 12, 1916 (Address) 1512 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel cmtry — DATE OF BURIAL: April 13 191.6

20-UNDERTAKER: Alfred J. Rowland — ADDRESS: 1149 S Monroe

CAUSE OF DEATH to be plain terms, so that it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94155 C94155

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 809 Ostend ST. 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Lena Sorrell

Residence in Baltimore: No. 809 Ostend St.; 19 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 14, 1896 (Month) (Day) (Year)

7-AGE, 19 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Sorrell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Henry Sorrell Sr.

(Address)....809 Ostend St.

15- APR 12 1916 BUREAU OF VITAL STATISTICS,
Filed..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1916, to Apr 10 1916, that I saw h[er] alive on Apr 5 - 1916, and that death occurred, on the date stated above, at 4 55 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John G Schwerdt M. D.

Apr 10 1916 (Address) 1120 W Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Apr 13, 1916

20-UNDERTAKER John H Toadvin — ADDRESS, 142 N Fremont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94156 C94156

CERTIFICATE OF DEATH. 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hosp ST.; 13 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McEckard

(Residence in Baltimore: No. 3810 Pleasant Place St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 12 (Day) 1869 (Year)

7-AGE, 46 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer) Journeyman

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Daniel Eckard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ezra A Eckard

(Address) 3810 Pleasant Place

15- FILED APR 12 1916 191... MARY O ANDREWS Burial Permit O.I.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 191..., to April 191..., that I saw h... alive on April 191..., and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows: Mitral Obliteration Heart

(Duration) yrs. mos. 4 hours

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) 5 yrs. mos. ds.

(Signed) ..... M. D.

April 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Baltimore City

Former or usual residence 3810 Pleasant Place

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery, Hampden — DATE OF BURIAL, Apr. 14, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94157

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94157

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hosp

CITY OF BALTIMORE: (No. U. S. Marine Hosp ST.) (WARD)

2-FULL NAME John R. Sheddan

Residence in Baltimore: No. U. S. Marine Hosp St.; ... yrs., — mos. — ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 41 yrs. 11 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No information

(Address) Unknown

15-

Filed APR 12 1916, 191.... MARY O ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1915, to April 4 1916, that I saw h[im] alive on April 4 1916, and that death occurred, on the date stated above, at 0.55 a m.

The CAUSE OF DEATH* was as follows:

a Clinical Diagnosis

b Epithelioma Face

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) Chas H. Vogel M. D.

April 4, 1916. (Address) U. S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. — ds. In the State ... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL Cambridge Md — DATE OF BURIAL, April 13, 1916.

20-UNDERTAKER John J. Grey & Son — ADDRESS 1318 Light

Cause of death must be stated in plain terms. If illness was of short duration, or if injury or poisoning, state how long before death it was received, and whether accidental, suicidal, or homicidal. Indefinite statements, such as "Heart Failure," "Exhaustion," "Septicæmia," "Blood Poisoning," "Pneumonia," "Cancer," "Tumor," "Abscess," "Paralysis," "Convulsions," "Dropsy," "Fever," "Old Age," are not sufficient. Name the disease causing the condition mentioned, and give the primary cause, if known, as well. If deceased was a woman, whether single, married, widowed, or divorced, state the fact. If a child, state whether legitimate or illegitimate. The full name of the deceased should be given in every case. Occupation should be stated in every case, and the particular kind of work should be clearly described. The place of birth should be stated definitely. If the exact date of birth cannot be ascertained, the approximate age should be given. Physicians are requested to make their certificates as complete and accurate as possible, as they are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94158 C94158

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1231 N. Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Williams

(Residence in Baltimore: No. 123 N. Chapel St.; 5 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 18..6.. (Month) (Day) (Year)

7-AGE, 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER. Stevenson Bowes

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Kate Harris

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sanford Williams

(Address) 123 N. Chapel St.

15-

Filed APR 12 1916 191... MARY O ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28, 1916, to April 11 1916, that I saw h er alive on April 10, 1916, and that death occurred, on the date stated above, at 6:15 p. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(Duration) ...yrs. 1 mos. 2 ds.

CONTRIBUTORY. (Secondary) Cardiac Asthenia

(Duration) ...yrs. ...mos. 6 ds.

(Signed) J. C. Robinson M. D.

4/11/16 191.6 (Address) 611 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Washington D. C.	April 13 191.6
20-UNDERTAKER	ADDRESS
Wilton Davis	1608 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

C94159

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94159

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Hickory Ave ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard E. McClain

Residence in Baltimore: No. 3613 Hickory Ave St.; ....yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 29, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Child....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Charles J. McClain

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Elsie M. Angel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles J. McClain

(Address) 3613 Hickory Ave

15- APR 12 1916 REGISTRAR OF ARRESTS,

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 - 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-29 1916, to 4-11 1916, that I saw h.. alive on 4-11 1916, and that death occurred, on the date stated above, at 7 9. m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis Acute

(b)

(c) (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale

(Duration) ....yrs. ....mos. 14 ds.

(Signed) C. J. Coughlin M. D.

4-12, 1916. (Address) 3701 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys. Hampden. DATE OF BURIAL, April 13 1916.

20-UNDERTAKER Wm Cook. ADDRESS 502 Northern

Space to be left blank by the informant. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94160

HEALTH DEPARTMENT—CITY OF BALTIMORE 160

CERTIFICATE OF DEATH.

C94160

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2401 Pressbury street, ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Deatel,

(Residence in Baltimore: No. 2401 Pressbury street, St.; 66 yrs., 2 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, January (Month) 20th (Day), 1850. (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 2 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retail Grocer, 655
(b) General nature of industry, business, or establishment in which employed (or employer): Moreland Ave

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Andreas Deatel,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Elizabeth Mirth

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A. Deatel, son,

(Address) 2409 Pressbury street.

15-
APR 12 1916
Filed....., 191... MARRY O ANDREWS, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cutting throat with butcher knife, (Suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Senile dementia,

(Duration) 3 yrs. mos. ds.

(Signed) J. Frederick Hempel M. D.
(Coroner)

April 12 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	April 14, 1916
20-UNDERTAKER	ADDRESS
Geo W Little	531 W Fremont av

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94161 C94161

CERTIFICATE OF DEATH.

45

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Bonifant Hospital St.; 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Theodosia Bishop
(Residence in Baltimore: No. St. Mary's Home St.; 40 yrs., mos. ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know (Month) ....., 1 (Day) ..... (Year)

7-AGE, About 49 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), S. Carolina

PARENTS.
10-NAME OF FATHER, Dont Know
11-BIRTHPLACE OF FATHER (State or Country), Dont Know
12-MAIDEN NAME OF MOTHER Dont Know
13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) J. C. Bishop
(Address) 1107 N. Eutaw St.

15-
Filed APR 12 1916, 191... HARRY O ARLANDS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 11 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar. 27 1916, to Apr. 11 1916, that I saw her alive on Apr. 11 1916, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Pneumonia
Carcinoma of Left Kidney
about (Duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
Cardiac Dilatation (Duration) yrs. 2 mos. ds.
(Signed) W. F. Carr, M. D.
Apr. 11, 1916 (Address) 515 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death (yrs. \ mos. 10 ds. In the State 40 yrs. \ mos. \ ds.
Where was disease contracted, if not at place of death?
Former or usual residence St. Mary's Home

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	April 15, 1916
20-UNDERTAKER John C. Bishop	ADDRESS 1107 N. Eutaw St.

N. B.—Every item of information should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94162 C94162

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Druid Hill ave St.; 11 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline E. Hardy

(Residence in Baltimore: No. 1231 Druid Hill ave St.; 55 yrs., ... mos. ..... ds.)

important. See instructions on back of certificate. Every physician is required by law to report every case of death which occurs in his practice, and every undertaker is required to report every death which he is called to prepare for burial, within 24 hours after death. Any person who shall neglect or refuse to make such report shall be guilty of a misdemeanor and subject to a fine of not more than $100.00. Every undertaker is required to deliver this certificate to the Registrar of the district in which the death occurred, before the body is removed from the house or place where the death occurred, and before burial. Any undertaker who shall neglect or refuse to deliver such certificate shall be guilty of a misdemeanor and subject to a fine of not more than $100.00. Every undertaker is required to deliver this certificate to the Registrar of the district in which the death occurred, before the body is removed from the house or place where the death occurred, and before burial. Any undertaker who shall neglect or refuse to deliver such certificate shall be guilty of a misdemeanor and subject to a fine of not more than $100.00.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1846 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Prince George Co Md

PARENTS.

10-NAME OF FATHER, Friday Harmon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Anne Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Harvey

(Address) 1231 N. Druid Hill Ave

15- APR 12 1916 REGISTRAR OF ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 18th 1916, to Apr 8th 1916, that I saw h.r alive on Apr 8th 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Bright's Disease

(Duration) yrs. 2 mos. 23 ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. ..... mos. ..... ds.

(Signed) R. M. Hall M. D.

Apr. 12th, 1916. (Address) 416 Mosher st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Apr 13, 1916
20-UNDERTAKER Sam'l M. Evans Son	ADDRESS 1400 Mosher st

C94163

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93

C94163

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 910 E. Baltimore St.: 3 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Baby) Cooper

(Residence in Baltimore: No. 910 E. Balt. St.: ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Baby

6-DATE OF BIRTH: 4 (Month) 11 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. 1½ ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balt. City

PARENTS

10-NAME OF FATHER: Benjamin Cooper

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Annie Cooper

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. C. Abbott MD

(Address) 116 N. Gilmor St.

15. APR 12 1916 HEALTH DEPARTMENT Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-11, 1916, to 4-12 1916 that I saw him alive on 4-12, 1916, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY): Cardiac Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), D. C. Abbott M. D.

4/12, 1916 (Address) 116 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 4/13, 1916

20-UNDERTAKER: Jack Lewis — ADDRESS: E Balto St

C94164

HEALTH DEPARTMENT—CITY OF BALTIMORE

74

CERTIFICATE OF DEATH.

C94164

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1309 Division street, ST.: 17 WARD)

2-FULL NAME Mollie Neugoal,

(Residence in Baltimore: No. 1309 Division street, St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, October (Month) 13th (Day), 1853. (Year)

7-AGE, 62 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Richard Cox,

11-BIRTHPLACE OF FATHER (State or Country), Virginia,

12-MAIDEN NAME OF MOTHER Elizabeth Freeman,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Neugoal, daughter,

(Address) 1309 Division street.

15- Filed APR 12 1916, 191.....

HEALTH OFFICER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Cerebral tumor,
(variety unknown)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Fredrick Kemp M. D.
(Coroner.)

April 12 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Springfield Mass,	4/13, 1916
20-UNDERTAKER	ADDRESS
Samuel J. Hemsley	578 W Biddle St

N. B.—Every question should be answered, and if any be evidently supplied, the fact should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94165

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94165

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 526 S. Carlin ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Richard Holman

(Residence in Baltimore: No. 526 S. Carlin St.; yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, May (Month) 20th (Day), 1876. (Year)

7-AGE, 39 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedor
(b) General nature of industry, business, or establishment in which employed (or employer): Ship

9-BIRTHPLACE, (State or Country), N. Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Richardson

(Address) 526 S. Carolina

15- APR 12 1916 HEALTH OFFICER Filed....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(1) Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Morris McSherry (Coroner.) M. D.

Apr. 12, 1916. (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Conn,	April 14th, 1916
20-UNDERTAKER	ADDRESS
Harry Addodery	1725 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C94166

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Emergy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Clark

Residence in Baltimore: No. ~~Emergy Hospital~~ 1925 Penna. ave. St.; yrs., mos. ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 10 (Month) (Day), 1898 (Year)

7-AGE, 18 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General 715
(b) General nature of industry, business, or establishment in which employed (or employer): Builders Contractor

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John C. Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rean Tittle

13-BIRTHPLACE OF MOTHER (State or Country), Westminster Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Clark

(Address) 1925 Penna ave

15- Filed APR 13 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident - automobile
Run automobile down elevator shaft
Internal injuries

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. H. Saunders (Coroner.) M. D.

April 17 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Balt Bear Motor Car Co

Former or usual residence 1925 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Westminster Md

DATE OF BURIAL, April 13, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94167

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C94167

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 507 S Chester ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred H W Davis

(Residence in Baltimore: No. 507 S Chester St. 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1851 (Year)

7-AGE: 64 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Collector

9-BIRTHPLACE (State or country): Balto City Md

PARENTS

10-NAME OF FATHER: Alfred H W Davis

11-BIRTHPLACE OF FATHER (State or country): Balto City Md

12-MAIDEN NAME OF MOTHER: Mary E. Owen

13-BIRTHPLACE OF MOTHER (State or country): Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophie Davis

(Address) 507 S. Chester St

15- Filed APR 13 1916, 191 ROBERT . KRAUTHEIM, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to, April 12 1916, that I saw h.m. alive on April 11 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

from history (Duration) 0 yrs. 6 mos. 0 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G H Kunkel M. D.

April 12 1916 [Address] 3600 Harford

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	April 16th, 1916
20-UNDERTAKER	**ADDRESS**
H. Sander Sons	1710 Reed St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94168

CERTIFICATE OF DEATH.

79 C94168

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 16 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Stokes

(Residence in Baltimore: No. 1343 Poplar Grove St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) ..... (Day), 1857 (Year)

7-AGE, 58 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman 6th
(b) General nature of industry, business, or establishment in which employed (or employer): Jackson Sugar Refinery

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Benjamin Stokes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary W. Byus

(Address) 245 S. Washington

15- Filed APR 13 1916, 191... ROBERT F. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8th 1916, to April 11th 1916, that I saw him alive on April 11th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation, etc.

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis (Duration) ? yrs. 2 mos. ? ds.

(Signed) Frank S. Shipley M. D.

April 11th, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1343 Poplar Grove St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel	April 13, 1916.
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Pitt St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94169

CERTIFICATE OF DEATH.

182 (94169

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital ST.; 19 WARD)

2. FULL NAME Milton (Mildred) Carr

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 514 N. Mount St.; yrs., unknown mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown ....., 1902
(Month) (Day) (Year)

7-AGE, ... 14 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jes Carr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Carr

(Address) 514 N. Mount

15- Filed APR 13 1916 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 9th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Laceration of the Brain caused by a pistol shot wound in the head - result of Homicide
..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. Bell Evans ..... M. D.
(Coroner.)
Apr. 11th, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. few mo. ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Oak bet 24 & 25 & M.
Former or usual residence 514 N. Mount

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, April 13, 1916

20-UNDERTAKER Charles B Jones — ADDRESS 306 East

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

94170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76 94170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 9 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald C. Meade

(Residence in Baltimore: No. 910 Gorsuch ave St.; 8 yrs., 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 8, 1907 (Month) (Day) (Year)

7-AGE, 8 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Robert T. Meade

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co md

12-MAIDEN NAME OF MOTHER Ola Orme

13-BIRTHPLACE OF MOTHER (State or Country) Prince George. Co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Robert T. Meade

(Address) 910 Gorsuch Ave

15- APR 13 1916 ROBERT . KRAUTHS Burial Permit Clerk

Filed....., 191..... Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 8 1916, to Apr 12 1916, that I saw h im alive on Apr. 13 1916, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis Duration 3 wks.
Mastoiditis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Streptococcus Empyema
Pneumonia (Duration) ....yrs. ....mos. 4 ds.

(Signed) J. H. T. Gibb M. D.

Apr. 13, 1916. (Address) St. Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 8 yrs. ....mos. 5 ds.

Where was disease contracted, if not at place of death? 910 Gorsuch Ave

Former or usual residence 910 Gorsuch Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Apr. 15, 1916
20-UNDERTAKER	ADDRESS
Henry Horn & Son	1301 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C94171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C94171

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1240 E Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Cora May Davis

(Residence in Baltimore: No. 1240 E Eager St.; 21 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, January (Month) 3rd (Day) 1895 (Year)

7-AGE, 43 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, James Chandler Richardson

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Catherine E Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr John H. Davis

(Address) 1240 E Eager St

15- APR 13 1916 Filed....., 191.... ROBERT . KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1915, to April 12 1916, that I saw h[illegible] alive on April 11 1916, and that death occurred, on the date stated above, at 7 35 1 m.

The CAUSE OF DEATH* was as follows:

Pulmonic Tuberculosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Patrick M. D.

April 13 1916 (Address) 4369 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn County — DATE OF BURIAL, Apr. 14, 1916

20-UNDERTAKER Henry Hoeck Sen — ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Margaret Durben

C94172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-28 C94172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 15 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Durben

(Residence in Baltimore: No. 3634 Park Hts Ave St.; 10 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feby (Month) 8 (Day), 1892 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. 2 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Phila Pa

PARENTS.

10-NAME OF FATHER, John Moore

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER Caroline Eckhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Russell Durben

(Address) 3634 Park Heights Ave

15- Filed APR 13 1916, 191.. ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-23 1915, to 4-11 1916, that I saw h.. alive on 4-11 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY. (Secondary) Intestinal Tuberculosis

(Duration) ....yrs. 5 mos. ....ds.

(Signed) William T. May M. D.

4-11, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 19 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 3634 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem.	April 14, 1916

20-UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. Northern

Notice.—Certificate must be filled out in ink, or typewritten, and all questions answered so far as the information is obtainable. Physicians and others are requested to make the returns full and complete, as they are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94173

CERTIFICATE OF DEATH.

120 C94173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Field St.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Zepp.

(Residence in Baltimore: No. 721 Field St.; 78 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 6, (Month) (Day) 1845 (Year)

7-AGE, 71 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Zepp

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Hatfield.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml. Zepp

(Address) 1763 E. Federal St.

15- APR 13 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to April 10 1916, that I saw her alive on April 9 1916, and that death occurred, on the date stated above, at 6 20 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. J. Davies M. D.

April 11, 1916 (Address) 8 W. Mt. Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loretto Cem. DATE OF BURIAL, April 13, 1916

20-UNDERTAKER Wm. Cook ADDRESS 502 E. Fait

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Michael Colella

C94174 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 C94174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Michael Colella

(Residence in Baltimore: No. 248 N. Exeter St St.; ...yrs., 11 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 6, 1915. (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Colella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carmelia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15-APR 13 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 12 1916, that I saw h... alive on April 12 1916, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Laryngitis, diphtheritic

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. F. Maxcy M. D.

April 13, 1916 (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 8 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 248 N Exeter St

19-PLACE OF BURIAL OR REMOVAL, St Vincent — DATE OF BURIAL, April 13 1916

20-UNDERTAKER Frank Leach & Son — ADDRESS 1906 E Lanvale

5 P.M.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C94175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Stelle

(Residence in Baltimore: No. 807 McKim St St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... Nov (Month) ..... 1 (Day) ..... (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer WD
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Dairy

9-BIRTHPLACE, (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Andrew Mills

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Wells

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. Mary Stelle

(Address) ..... 807 McKim St

15- Filed APR 13 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 2 1916, to Apr 8 1916, that I saw h[illegible]live on Apr 8 1916, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Tumor Liver & Stomach

a Fact

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Lauatt M. D.

Apr 8, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 807 McKim St

Former or usual residence 807 McKim St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, April 13, 1916

20-UNDERTAKER R L Gross ADDRESS 1405 McElderry St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94176

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94176

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Ensor ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvira Roder

(Residence in Baltimore: No. 1336 Ensor St.; 68 yrs. 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 19th (Day), 1847 (Year)

7-AGE, 68 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Thornes

11-BIRTHPLACE OF FATHER (State or Country), Accomack Co Va

12-MAIDEN NAME OF MOTHER Ann M. Gittings

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E Scott

(Address) 1725 Aisquith st

15-

Filed APR 13 1916, 191.. ROBERT . GRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to April 11 1916, that I saw her alive on April 11 1916, and that death occurred, on the date stated above, at 1150 P. m.

The CAUSE OF DEATH* was as follows:

Arteris Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis 10 days

Bronchitis (Duration) yrs. 2 mos. ds.

(Signed) James M Fenton M. D.

April 11 191.6 (Address) 720 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	April 14th, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1146 E Monument

important. See instructions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94177 C94177

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel G. Hardy

(Residence in Baltimore: No. 840 W. Fayette St.; 36 yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 19 (Month) (Day) 1879 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. 10 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipper + Caulker
(b) General nature of industry, business, or establishment in which employed (or employer): in Ship yard

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm H. Hardy

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary A. Burke

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Hardy

(Address) 840 W. Fayette St

15- Filed APR 13 1916, 191.... ROBERT F. KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 11 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/1 1916, to 4/11 1916, that I saw h.im alive on 4/11 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Ascending Pulmonary Oedema

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Int. Nephritis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) G. E. Pance M. D.

4/13, 1916 (Address) 340 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Peters Cemetery	April 14, 1916.
20-UNDERTAKER	ADDRESS
Lilly + Zeiler	403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

C94178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD) REGISTERED NO. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P Riley

(Residence in Baltimore: No. Lovering House St.; ....yrs. 5 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...Feb (Month) ....Known (Day) 1873 (Year)

7-AGE	If LESS than 1 day,
42 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer): " 330

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Daniel F. Riley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adeline Lassing

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St.

15- ROBERT . KRAUTER, Deputy Permit Clerk

Filed APR 13 1916 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1916, to Apr 13 1916, that I saw him alive on Apr 13 1916, and that death occurred, on the date stated above, at 5000 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Apr 13, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State 5 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Apr. 13, 1916
20-UNDERTAKER	ADDRESS
Gribble & Gribble	1739 E. Eager

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94179

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94179

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 St Paul St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. Maguire

(Residence in Baltimore: No. 623 St. Paul St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Don't Know date ....., 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Hartford, Conn.

PARENTS.

10-NAME OF FATHER, James Maguire

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country) Hartford, Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. J. Brennan

(Address) 905 St. Paul St.

15- Filed APR 13 1916, 191.....

ROBERT , KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2nd 1916, to April 3rd 1916, that I saw h[er] alive on April 3rd 1916, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

..... (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Died suddenly from

Heart trouble (Duration) — yrs. — mos. — ds.

(Signed) Richard McSherry M. D.

April 12, 1916 (Address) 1301 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	4-14..., 1916
20-UNDERTAKER H. W. Jenkins Sons Co	ADDRESS Orchard and Mc Culloh Sts

important. See instructions on back of certificate.

C94180

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

C94180

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 572 Gold St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmar Harris

(Residence in Baltimore: No. 572 Gold St.; 6 yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Child

6-DATE OF BIRTH Jan 23 (Month), 1910 (Day) (Year)

7-AGE 1 yrs. 3 mos. 18 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Robert Harris

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Hattie Tahafero

13-BIRTHPLACE OF MOTHER (State or country): VA

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Harris

(Address) 572 Gold St

15. Filed APR 13 1916, 191.... ROBERT F. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr. 11th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 9th, 1916, to Apr 11th 1916, that I saw h[illegible] alive on Apr 11th, 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Broncho Pneumonia (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) E. Harris Coleman M. D.

Apr 13, 1916. (Address) 1816 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 13, 1916
UNDERTAKER: Simon H Dinitz	ADDRESS: 132 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94181

CERTIFICATE OF DEATH.

92 C94181

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 16 S. Arlington Ave. ST.; 18 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Phillips

(Residence in Baltimore: No. 16 S. Arlington Ave. St.; life yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW OR WIDOWER, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 18, 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 11 mos. 24 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Designer
(b) General nature of industry, business, or establishment in which employed (or employer): Health Dept

9-BIRTHPLACE, (State or Country), — Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Doughty
(Address) 16 S. Arlington ave

15- APR 13 1916, 191... ROBERT . KRAUTER, Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 12 1916, that I saw h-m alive on April 11 1916, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E. Vaughan M. D.

4/13/16, 191... (Address) 22 W Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	April 14 1916.

20-UNDERTAKER John J. Fields ADDRESS 1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Blks.

C94182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134

C94182

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Hopewell

(Residence in Baltimore: No. 1819 Ettery St St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Uncertain ....., 1885.
(Month) (Day) (Year)

7-AGE, 31 yrs. ✓ ✓ mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Tilghman Davis

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER Ella ——

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hopewell

(Address) 1819 Ettery St

15- Filed APR 13 1916, 191... ROBERT . KRAUTER, Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916 to April 11 1916, that I saw her alive on April 11 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Ectopic Pregnancy

.....

.....

..... (Duration) ...yrs. 1½ mos. ...ds.

CONTRIBUTORY (Secondary) Hemorrhage & Peritonitis

..... (Duration) ...yrs. mos. 3-7 ds.

(Signed) Walter L Dewey M. D.

4/13/1916 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 31 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1819 Ettery St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 13, 1916

20-UNDERTAKER James L Kennedy — ADDRESS 5 & W Biddle

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94183

CERTIFICATE OF DEATH.

92 C94183

REGISTERED NO. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620. Scheakspeare. ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Annie. Koch.

(Residence in Baltimore: No. 1620. Scheakspeare. St.; ....yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6—DATE OF BIRTH, Aug. 21, 1914.
(Month) (Day) (Year)

7—AGE, ...yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9—BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10—NAME OF FATHER, Antoni Koch.

11—BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12—MAIDEN NAME OF MOTHER Wanda Karwoska.

13—BIRTHPLACE OF MOTHER (State or Country) Russian Poland.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antoni Koch.

(Address) 1620 Shakespeare

15— Filed APR 13 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 12 16, 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 12 1916, that I saw h~~er~~ alive on April 12 1916, and that death occurred, on the date stated above, at 4.20 p. m.

The CAUSE OF DEATH* was as follows:

Pleuro - Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) ~~Cerebro~~ Spinal Fever

(Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D.

April 12, 1916. (Address) 125 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Apr. 13, 1916.

20—UNDERTAKER William Fiallowski ADDRESS 1618 Eastern ave.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94184 C94184

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Jackson Mart ST.: V WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathew Stefaniski

(Residence in Baltimore: No. 1704 Hoet St.? 34 yrs., / mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 4th (Day) 1854 (Year)

7-AGE, 61 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maggie Gribuls

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Stefaniski

(Address).....

15- FILED APR 13 1916 ROBERT C. ERAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Durntion).....yrs.....mos.....ds.

(Signed) Wm. H. Leach M. D. (Coroner.)

Apr. 12 1916 (Address) 1719 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	Apr. 14, 1916.
20-UNDERTAKER W. F. Sadowski	ADDRESS 905 S. Ann St.

C94185

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94185

CERTIFICATE OF DEATH

64

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 805 N. Cross ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisabeth Keck

(Residence in Baltimore: No. 805 N. Cross St. St.; 20 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH November 2nd, 1845
(Month) (Day) (Year)

7-AGE 70 yrs. 5 mos. 10 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Living at home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country) Prussia, Germany

PARENTS

10-NAME OF FATHER Keckerman

11-BIRTHPLACE OF FATHER (State or country) Prussia Germany

12-MAIDEN NAME OF MOTHER Keckerman

13-BIRTHPLACE OF MOTHER (State or country) Prussia, Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice S. Parkhurst

(Address) 1410 Park Ave

APR 13 1916 Filed, 191... MARKET & ... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to April 12 1916, that I saw her alive on April 12, 1916, and that death occurred, on the date stated above, at 9.00 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 24 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Alice S. Parkhurst M. D.

Apr 12, 1916 (Address) 1410 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Schwartz Cemetery	April 15, 1916
20-UNDERTAKER Henry Lutz	ADDRESS 1007 N. Bond St

C94186

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94186

CERTIFICATE OF DEATH

154

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 813 N. Monroe ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kammerer

(Residence in Baltimore: No. 813 N. Monroe St.; 12 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female | 4-COLOR OR RACE: white | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: February 7, 1838 (Month) (Day) (Year)

7-AGE: 78 yrs. 2 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Adi Freyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Kammerer

(Address) 813 N. Monroe St

APR 13 1916 Filed ....., 191.... HARRY O. ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1916, to April 13 1916, that I saw h[illegible] alive on April 12, 1916, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Intermittent
old age

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Pindar Dill M. D.

April 13, 1916 (Address) 1423 Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: April 16, 1916.

20-UNDERTAKER: H. B. Kemmler Son | ADDRESS 617 N. Schroeder St

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 C94187

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2222 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wardenkroft

(Residence in Baltimore: No. 2222 Essex St. St.; 33 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, May (Month) 20 (Day), 1869 (Year)

7-AGE, 46 yrs. 9 mos. 22 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Aug. Wardenkroft

(Address) 2222 Essex St

15- APR 13 1916 ROBERT O ... Filed....., 191.. Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 11 1916, that I saw h[illegible] alive on " 11 1916, and that death occurred, on the date stated above, at 9 30 m. a

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Accidental Fall through Skylight

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Fracture of Left Leg

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Charles Rheem M. D.

11/13/16, 191... (Address) 405 S Patterson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st German Cem. DATE OF BURIAL. April 14.., 1916.

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern Ave

(over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94188 151 C94188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Parish ST.; 19 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Martin (Martin)

(Residence in Baltimore: No. 504 N. Parish St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Infant

6-DATE OF BIRTH, April (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Richard martin

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Mary Johns

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Martin

(Address) 504 N. Parish St.

15- APR 13 1916 Filed....., 191.... [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 12 1916, that I saw h[illegible] alive on April 12 1916, and that death occurred, on the date stated above, at 4-45 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth. (6 months)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

....(Duration)....yrs....mos....ds.

(Signed) Chas. L. McCarthy M. D.

April 13, 1916. (Address) 906 N. Amity

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
M D Dulaney	April 13 1916
20-UNDERTAKER	ADDRESS
S. McChesney Son	1400 Madison Ave

important. See instructions on back of certificate.

C94189

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH

C94189

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. Hahnemann Genl Hosp 1122 N Mount St. 14 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Virginia Miller

(Residence in Baltimore: No. 1824 Baltimore St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: at Home (none)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Jacob F. Miller

11-BIRTHPLACE OF FATHER (State or country): Penna

12-MAIDEN NAME OF MOTHER: Ann F. Fiddy

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W. F. Abercrombie

(Address) 1605 N Caroline

15. Filed APR 13 1916 Chief Clerk of Health Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1916, to April 12 1916, that I saw h[er] alive on April 11, 1916, and that death occurred, on the date stated above, at 1.06 a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Oedema Lungs

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY): Apoplexy

(Duration) yrs. mos. 3 ds.

(Signed) Barnett C Catlin M. D.

April 12 1916 (Address) 1404 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. 3 ds. In the State: Life yrs. mos. ds.

Where was disease contracted, if not at place of death? During life

Former or usual residence: 1824 Baltimore St.

19-PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: April 15 1916

UNDERTAKER: Victor J. Tressenhagh | ADDRESS: 1310 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

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C94190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. Chase ST.; 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia McDonough

(Residence in Baltimore: No. 707 E. Chase St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 18, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John O'Donnell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. E. Casey

(Address) 707 E. Chase St.

15- APR 13 1916

Filed ....., 191.... Burial Permit ...

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 11 1916, that I saw her alive on April 11 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Strangulation
of Bowels

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) old age

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M. Fenton M. D.

April 13 191 6 (Address) 707 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, April 14, 191...

20-UNDERTAKER — ADDRESS

W. C. Rudefeld 847 Lexington St.

Spec.—8-24-14—M. & T.—2000 Bks.

C94191

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94191

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... ST.; 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Satterfield

(Residence in Baltimore: No. Little Sisters of the Poor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 15 (Month), — (Day), 1850 (Year)

7-AGE, 65 yrs. 3 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Satterfield

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Jane McNulty

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- APR 13 1916

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191, to ..... 191, that I saw her alive on April 11 1916, and that death occurred, on the date stated above, at 3½ a m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 13, 1916. (Address) 1133 Valley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 1 mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, April 14, 1916

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmt Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94192

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94192

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. Valley and Crater St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick O'Byrne

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dont Know ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 58 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Horse .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John O'Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Falon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed APR 13 1916, 191.....

BOARD OF HEALTH, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to ..... 191....., that I saw h[illegible] alive on April 11 1916, and that death occurred, on the date stated above, at 6½ a.m.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T.H. Turner M. D.

April 12, 1916. (Address) 1132 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. ..... mos. ..... ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 14, 1916.
20-UNDERTAKER J. F. & W. D. Flynn	ADDRESS 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94193

1882 34

108 C94193

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hos., ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Weber

Residence in Baltimore: No. 1900 S. Hanover St.; (33 yrs., 6 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept. 15 (Month) (Day), 1882 (Year)

7-AGE: 33 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Bakery Wagon

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Weber

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary A. Weber
(Address) 1900 S. Hanover

15- Filed APR 13 1916, 191.. NAME & ADDRESS, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1916, to April 12 1916, that I saw him alive on April 12 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Suppuration of Appendix

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary) General peritonitis

(Duration) ....yrs. ....mos. 17 ds.

(Signed) Geo. H. Enos M. D.

4/12, 191.6 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. mos. 7 ds. In the State 33 yrs. 6 mos. 28 ds.
Where was disease contracted, if not at place of death? at Home
Former or usual residence 1900 S. Hanover St.

19-PLACE OF BURIAL, OR REMOVAL: Holy Cross Cem. C.A. DATE OF BURIAL: April 14, 1916

20-UNDERTAKER: P. J. & M. J. Flynn ADDRESS: 1422 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94194 C94194

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Goodman

(Residence in Baltimore: No. 110 W Biddle St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1866 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 141 E Balto St

15- APR 13 1916 (Name illegible)

Filed....., 191... Burial Permit Clerk.

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 / 13 / 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/9/1916, to 4/13/1916, that I saw him alive on 4/13/1916, and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Alcoholic Gastritis

..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) M. Lewis M. D.

4/13/1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State 30 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 110 W. Biddle

Former or usual residence 110 W. Biddle

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Portsmouth Va	4-15-, 1916

20-UNDERTAKER	ADDRESS
Jack Lewis	E Balto

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94195

CERTIFICATE OF DEATH.

79 C94195

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Lancaster ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Tibbull

Residence in Baltimore: No. 1528 Lancaster St.; 52 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... July (Month) 14 (Day) 1863 (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 9 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Turchman

(Address) 2028 Portugal St

15-

Filed APR 14 1916 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 9 191 6, to April 14 191 6, that I saw h— alive on April 14, 191 6, and that death occurred, on the date stated above, at about 1a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Disease

..... (Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Valentine M. D.

April 14, 1916. (Address) 165 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	April 17., 1916.
20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94196

CERTIFICATE OF DEATH.

79 C94196

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 620 West 34th ST.; 13 WARD) REGISTERED NO. C

2-FULL NAME Minnie Gutzeit

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 620 West 34th Street St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. June (Month) 22 (Day), 1850 (Year)

7-AGE. 65 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Christopher Dauchert

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rudolph Gutzeit

(Address) 620 West 34th Street

15- Filed APR 14 1916, 191... ROBERT . KRAUTH, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9. 1916, to April 12. 1916, that I saw her alive on April 12, 1916, and that death occurred, on the date stated above, at 6.00 p. m.

The CAUSE OF DEATH* was as follows:

Weakness of the Heart
Valvular Heart Disease
(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Emphysema of the Lungs
(Duration) ....yrs. 6 mos. ....ds.

(Signed) G. J. Sebald, M. D.

April 13., 1916. (Address) 1001 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. 4/15/16

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Dr Sebald 1001 Aisquith Street

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94197

CERTIFICATE OF DEATH.

137

C94197

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cutler

(Residence in Baltimore: No. 158 N. High St St.; 17 yrs., ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, September (Month) (Day) 1869 (Year)

7-AGE, 47 yrs. ___ mos. ___ ds.

If LESS than 1 day, ___ hrs. or ___ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife;
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Sol. Kopland

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Abel

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Kopland

(Address) 529 N. Broadst

15- APR 14 1916 [redacted] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1916, to April 13 1916, that I saw her alive on April 13 1916, and that death occurred, on the date stated above, at 8.45 p.m.

The CAUSE OF DEATH* was as follows:

Child birth followed by Pneumonia of Bilateral

(Duration) ___ yrs. ___ mos. 9 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (Duration) ___ yrs. ___ mos. 3 ds.

(Signed) H. N. Kearney M. D.

April 13 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ___ yrs. ___ mos. 11 ds. In the State 17 yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? 158 N High st

Former or usual residence 159 N. High St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, April 14, 1916

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Baltimore St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94198 8 — 28 C94198

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Rauss

(Residence in Baltimore: No. 2228 E. Monument St.; 31 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 1, (Month) (Day) 1884 (Year)

7-AGE, 31 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wire Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 374

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigunda Blaustein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kunigunda Rauss

(Address) 2228 E. Monument St.

15-APR 14 1916 Filed....., 191.. Registrar ROBERT . KRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, (Month) (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 26 1915, to April 11th 1916, that I saw h.. alive on April 11th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

About 2 (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. H. Ellenberg M. D.

April 13, 1916 (Address) 1810 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Apr. 14 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

694199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94199

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 217 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Cohen

(Residence in Baltimore: No. 217 Pearl St.; 30 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unkown ....., 18.4.9.
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant 655
(b) General nature of industry, business, or establishment in which employed (or employer) clothing Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto

APR 14 1916 ROBERT . BRUTER,
Filed....., 191.... Municipal Permit Clerk,
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1916, to April 13 1916, that I saw h[im] alive on April 13 1916, and that death occurred, on the date stated above, at 1030 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(Duration) ..... yrs. ..... mos. 1 da.

(Signed) M A Weinberg M. D.

April 13, 1916. (Address) 1507 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Washington Road — DATE OF BURIAL, 4-17, 1916

20-UNDERTAKER Jack Lewis — ADDRESS E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C94200

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94200

CERTIFICATE OF DEATH.

132

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida Johnston

(Residence in Baltimore: No. 1521 Clarkson St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. ..... Unknown ....., 1876
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Jno. Burton

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frank Johnson

(Address) 1521 Clarkson St.

15- Filed APR 14 1916, 191.... ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 13 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 13 1916, to April 13 1916, that I saw her alive on April 13, 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

.....
..... Septicaemia .....
.....
..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pyo-pneumothorax
(Antecedent) (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... C. K. Mayer ..... M. D.

April 13, 1916. (Address), Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	April 15, 1916.
20-UNDERTAKER. Wm. J. Gahagan	ADDRESS 1518 Eight St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94201

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94201

CERTIFICATE OF DEATH.

138

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ollie Frances Bowman

(Residence in Baltimore: No. 1906 Orleans St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Oct 16, 1892
(Month) (Day) (Year)

7-AGE, 23 yrs. 5 mos. 29 ds.
If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Bush

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-APR 14 1916 Filed....., 191.....

ROBERT . KRAUTER, REGISTRAR OF VITAL STATISTICS.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 2 1916, to Apr 17 1916, that I saw her alive on Apr 17 1916, and that death occurred, on the date stated above, at 2:12 a.m.

The CAUSE OF DEATH* was as follows:

Died at Home

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

..... (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Apr ....., 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1/2 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1906 Woodyard St

Former or usual residence 1906 Greenmount St

19-PLACE OF BURIAL OR REMOVAL, J. Peters

DATE OF BURIAL, Apr 19, 1916.

20-UNDERTAKER Florence E. Wright

ADDRESS 1314 Mass

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94202

CERTIFICATE OF DEATH.

137 C94202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Cheat.

(Residence in Baltimore: No. 2200 W. Biddle St. St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... Dec 5, 1899
(Month) (Day) (Year)

7-AGE, 32 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Mussy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Mussy Hall

(Address) Calvert St

15- APR 14 1916 Filed....., 191.... Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 13, 1916
(Month) (Day) (Year)

17- I, HEREBY CERTIFY, That I attended deceased from Mar 16 1916, to Apr 13 1916, that I saw h[illegible] alive on Apr 13 1916, and that death occurred, on the date stated above, at 8.00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease - Moderate & Severe
Nephritis with Uraemic Coma
Duration of Illness
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Nephritis (Uraemia)
(Duration) yrs. mos. ds.

(Signed) Howard A. Smith M. D.
Apr 14, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State [illegible] yrs. [illegible] mos. ds.

Where was disease contracted, if not at place of death? 220 W. Biddle

Former or usual residence 220 W. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Auburn — DATE OF BURIAL, APR 14 1916, 191....

20-UNDERTAKER Samuel L. Smedley — ADDRESS 578 W Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

C94203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 C94203

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Vine ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie Potter

(Residence in Baltimore: No. 805 Vine St.; 42 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) ..... (Day), 1874 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Moore

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie Bishop

(Address) 805 Vine St.

15- APR 14 1916 Filed ..... 191.....

ROBERT ERASTUS, Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6th, 191 6, that I saw h[illegible] alive on April 12th, 191 6, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus

Clinical Diagnosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Clark M. D.

4/13, 191 6, (Address) 7 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, April 14 1916

20-UNDERTAKER Samuel L Hensley

ADDRESS 578 N Bond

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94204 64 C94204

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3831 Pk Heights Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth C Hoffmeier

Residence in Baltimore: No. 3831 Pk Heights Ave St.; 7 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH: Oct (Month) 8th (Day), 1838 (Year)

7-AGE,	If LESS than 1 day,
77 yrs. 7 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, H. Brigmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie L. Hoile

(Address) 3831 Pk Heights Ave

15- APR 14 1916 [illegible] KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1916, to Apr 13 1916, that I saw her alive on Apr 12 1916, and that death occurred, on the date stated above, at 12 55 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) P. C. Heidingsfelder M. D.

Apr 14, 191.6 (Address) 3843 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	April 15th, 191.6

20-UNDERTAKER Louis Heemann

ADDRESS 32 S Broadway

C94205

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

C94205

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Guilford Av ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Smith

(Residence in Baltimore: No. 1620 Guilford Av St.; 72 yrs. 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Feby 22 (Month), 1841 (Year) (Day)

7-AGE: 72 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Robert Halliday

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Jane Lyons

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca R. Leroux

(Address) Atlanta Ga.

15. Filed APR 15 1916 191.....

HARRY O ANDREWS, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 13th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1916, to, April 13th 1916, that I saw h.r alive on April 13, 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Coch Enteritis

(Duration) ..... yrs. ..... mos. 2d ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Ladden M. D.

April 14, 1916 (Address) 1415 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: April 15, 1916

20-UNDERTAKER: Chas. Mitchell & Co — ADDRESS: 201 N. Payne St.

1. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94206

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94206

CERTIFICATE OF DEATH.

x 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. May Fiser

(Residence in Baltimore: No. St. Hebrew Hospital St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 6 (Day), 1878 (Year)

7-AGE, 37 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Fiser

(Address) 342 E. Lombard St

15-APR 15 1916

Filed ....., 191.... MARY O. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 13 1916, that I saw h[illegible] alive on April 13 1916, and that death occurred, on the date stated above, at 7.12 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) ? yrs. ? mos. ? ds.

(Signed) William R. Johnson M. D.

April 13, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 342 E Lombard St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 16 1916

20-UNDERTAKER Reff & Turner ADDRESS 1442 Bridge

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94207 C94207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E. Chase St.; 8 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Barry

(Residence in Baltimore: No. 2010 E. Chase St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 6, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer General
(b) General nature of industry, business, or establishment in which employed (or employer): 243

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Barry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Barry

(Address) 2010 E. Chase

15- FILED APR 15 1916, 191... HARRY O ARLANDS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 13 1916, that I saw h.. alive on April 12 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonary Edema

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward J. Koons M. D.

4/13, 191.. (Address) 415 N. Woodington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, April 15, 1916.

20-UNDERTAKER Robert J. Turner — ADDRESS 1442 Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C94208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Spring ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie E Huber

(Residence in Baltimore: No. 731 N Spring St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Apr. (Month) 11 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 3 ds.	.... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John B. Huber

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna M. Ross

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna M. Huber

(Address) 731 N. Spring Av

15- Filed APR 15 1916, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to April 14, 1916, that I saw her alive on April 13, 1916, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth at 6¾ mos.

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Fenby, M. D.

April 14, 1916 (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Cross Cemetery	April 18 1916
20-UNDERTAKER	**ADDRESS**
Henry Hoeck & Son	1311 E Eager St

important. See instructions on back of certificate.

Spec.—8-27-14—M. & T.—2000 Bks.

C94209

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94209

CERTIFICATE OF DEATH.

108

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Breycha

(Residence in Baltimore: No. 603 N. Rose St St.; 27 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not known, 1..... (Month) (Day) (Year)

7-AGE, 27 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Breycha

(Address) 603 N. Rose St

15- APR 15 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-7 1916, to 4-13 1916, that I saw her alive on 4-13 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis Abscess

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Streptococcus Pentosus

(Duration) yrs. mos. 7 ds.

(Signed) William J. Mayo M. D.

April 13., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 603 N. Rose St

Former or usual residence 603 N. Rose St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 17., 1916.

20-UNDERTAKER Fred Crackler — ADDRESS 1906 Aisquith

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94210 41 C94210

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelia Andrews Dunn

(Residence in Baltimore: No. Church Home & Inf. St.; 88 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: March 1 (Month) (Day), 1828 (Year)

7-AGE: 88 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Thomas Cummings

11-BIRTHPLACE OF FATHER (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Jane Galbreath

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. L. Dennison

(Address) 626 E. Dr.

15- Filed APR 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to April 13th 1916, that I saw h er alive on April 13th 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Peritonitis (Carcinoma?)
(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Senility
(Duration) ... yrs. ... mos. ... ds.

(Signed) Horace W. Byers M. D.
April 13, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 4 yrs. 11 mos. 13 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL, Apl 15, 191..

20-UNDERTAKER: A E Staughen — ADDRESS 8 Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108

C94211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Hickman

Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June 25, 1879
(Month) (Day) (Year)

7-AGE. 36 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Grocer Meat 63

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Elizabeth Beckham

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Ann Magee

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Lacey Va

15 APR 15 1916
Filed....., 191... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 14 1916, to Apr. 14 1916, that I saw h[illegible] alive on Apr. 14 1916, and that death occurred, on the date stated above, at 1000 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) 0

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward E. Hall M. D.

Apr. 14, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. 4 ds.

Where was disease contracted, if not at place of death? Lacey Va

Former or usual residence Lacey Va

19-PLACE OF BURIAL OR REMOVAL, Lacey Va. DATE OF BURIAL, April 16, 1916.

20-UNDERTAKER George J. Smith ADDRESS 1008 Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94212 HEALTH DEPARTMENT—CITY OF BALTIMORE C94212

CERTIFICATE OF DEATH. 10

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Gibson

(Residence in Baltimore: No. 515 Cathedral St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 26, 1841. (Month) (Day) (Year)

7-AGE: 74 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Patrick Gibson

11-BIRTHPLACE OF FATHER (State or Country): Richmond Va

12-MAIDEN NAME OF MOTHER: Anna C. Finley

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Anna Gibson Gambrill

(Address): 515 Cathedral St.

15- APR 15 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21st 1916, to April 13th 1916, that I saw h[er] alive on April 13th 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Influenza Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. B. Gambrill M. D.

April 14th, 1916. (Address) 26 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL, 4-15..., 1916.

20-UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: N. Pulaski & Orchard

Important. See instructions on back of certificate.

C94213

HEALTH DEPARTMENT—CITY OF BALTIMORE 163

C94213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hospital, ST. 13 WARD)

2-FULL NAME Susie L. Dell,

(Residence in Baltimore: No. 1302 Union avenue,

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St., 12 years. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Married,

6-DATE OF BIRTH, September (Month) 5th (Day), 1862. (Year)

7-AGE, 53 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Andrew J. Lambert,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Octavia Hoffman,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michajah Dell, husband,

(Address) 1302 Union avenue.

15- HARRY C. ANDREWS

FILED APR 15 1916, 191 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock caused by burns produced by pouring coal oil over clothing and igniting same whilst suffering from dementia paralytica. (Duration) yrs. (Suicide) ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Frederick Kemp, M. D. (Coroner.)

April 14 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1302 Union avenue.

Former or usual residence 1302 Union avenue.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	April 15 1916
20-UNDERTAKER	ADDRESS
Horace Burgeerdon	3631 Fallsd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182

C94214

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Hicks.

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male.	Colored	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
about 30 yrs..... mos..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 243

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Police records.

(Address).....

15- APR 15 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide - Revolver wound chest

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Hollander M. D. (Coroner.)

April 5, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 24 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Field Card

C94215 C94215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 9 House Court ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Burrell Harrington

(Residence in Baltimore: No. 9 House Court

St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Unknown ....., 18..
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..30..yrs.....mos.....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED APR 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... March 30th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) ..... Inquiry .....find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... Sam'l Hamilton ..... M. D.
(Coroner.)

April 6th 191..6 (Address) 230 2 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	APR 1 1 1916, 19....
20-UNDERTAKER Commissioner Health,	ADDRESS

Morgue with

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94216 C94216

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Woman's Hospital St. Women's WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Minnie McKenney Ey

Lafayette Ave. & John St.

(Residence in Baltimore: No. 2810 Elliott St.; 29 yrs., 2 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. 10, 1887.
(Month) (Day) (Year)

7-AGE, 29 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mr. William McKenney

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Caroline Misner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret S. Janes

(Address) Woman's Hospital

15- Filed APR 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1916, to April 13 1916, that I saw her alive on April 13 1916, and that death occurred, on the date stated above, at 10 06 a.m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis - Uraemia

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Charles L. Warner M. D.

April 13, 1916 (Address) Woman's Hospital Balto. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. 1 ds. In the State 29 yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death? Balto. Md.

Former or usual residence 2810 Elliott St. City.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel	April 17 191.6
20-UNDERTAKER Zickler Zickler	ADDRESS 1737 E. Eager

important. See instructions on back of certificate.

C94217

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C94217

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

CITY OF BALTIMORE (No. St. Joseph's Hospital ST.; 3 WARD)

2-FULL NAME Geo Dent

(Residence in Baltimore: No. 812 E. Pratt St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Unknown

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, About 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 743

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-APR 15 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wm H Savage M. D. (Coroner.)

Apr. 10 1916 (Address) 1719 N Calvert Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 5 Months yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 812 E. Pratt St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR 14 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

C94218 C94218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital St.: 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Moore

(Residence in Baltimore: No. 919 Peach alley. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	?

6-DATE OF BIRTH,
..... (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
55 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 243

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)... Police records.
(Address).....

15-
Filed APR 15 1916 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute cardiac dilatation

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

..... (Duration).....yrs.....mos.....ds.

(Signed) H. O. Weisenberg M. D.
(Coroner.)
April 13 1916 (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
UNIVERSITY OF MARYLAND	APR 14 1916
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94219 C94219

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Rice ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earle Jones.

(Residence in Baltimore: No. 1035 Rice St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Apr. 11, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. Jones.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla Jennings

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. R. Jones

(Address) Mercy Hosp.

15-APR 15 1916 Filed....., 191. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11 1916, to Apr. 14 1916, that I saw h[illegible] alive on Apr. 1 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Malnutrition

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs....mos....ds.

(Signed) Edward T. Jones M. D.

Apr 15, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, APR 14 1916, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94220 C94220

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1349 Andre. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Kaymaczyk.

(Residence in Baltimore: No. 1349 Andre St. St.; ..... yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 11, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kazymaczyk

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Rosa. Rybak.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kazymaczyk

(Address) 1349 Andre St.

15- Filed APR 15 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1916, to Apr. 14 1916, that I saw him alive on Apr. 13 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Fine M. D.

Apr. 14, 1916 (Address) 1235 E. 1st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Apr. 15, 1916

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94221 C94221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

PLACE OF DEATH

CITY OF BALTIMORE: (No. 7426 Linden Ave St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mrs Minna Bock Bock

(Residence in Baltimore: No. 7426 Linden Av. St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, date not known, (Month) (Day) 187[illegible] (Year)

7-AGE. about 45 yrs. ..... mos. ..... ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Buyer Milliner
(b) General nature of industry, business, or establishment in which employed (or employer). 666

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Herman Bath

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Lizette Radar

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Ebbler

(Address) 7426 Linden Av

15- Filed APR 15 1916 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 13th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 11 1916, to Apr 13 1916, that I saw her alive on Apr. 13th 1916, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Rupture of brain)

Paralysis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pressure Heart Failure

(Duration) ..... yrs. ..... mos. 2d ds.

(Signed) C. A. Smith M. D.

Apl 13 1916 (Address) 1605 N. North Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem — DATE OF BURIAL, April 15 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. North av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94222 C94222

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2746 St. Paul ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M Applewhaite

(Residence in Baltimore: No. 2746 St. Paul St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 2nd, 1862 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
54 yrs. — mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Thos. Crosby

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Margaret Capps

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. A. Applewhaite
(Address) 2746 St. Paul St.

15- APR 15 1916 Filed, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1912, to April 13- 1916, that I saw her alive on April 12 1916, and that death occurred, on the date stated above, at 1.22 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) Robert Lindsted M. D.

April 14, 191- (Address) 211 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	April 14 1916
20-UNDERTAKER	ADDRESS
E. M. McClellan & Co.	1201 N. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

694223

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 694223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 W. Lee ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ethel May Green

(Residence in Baltimore: No. 509 W. Lee St.: yrs. 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Jan (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Wm Green

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Georgie Baker

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Green

(Address) 509 W. Lee St

15- APR 15 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 14 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis
with Pulerysm

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ....yrs. ....mos. 5 ds.

(Signed) J. Gunn Bowley M. D.

4/14/ 1916 (Address) 136 W. Niles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, 4/15, 1916

20-UNDERTAKER John H. Tondorf — ADDRESS 142 W. Lee St.

Important. See instructions on back of certificate.

Spec.—24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 91

PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Union Protestant Infirmary St., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lidia Myers.

(Residence in Baltimore: No. Union Prot. Infirmary St.; yrs., mos. 78 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. October 8, 1851. (Month) (Day) (Year)

7-AGE. 64 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), York Springs-Pa

PARENTS.

10-NAME OF FATHER, Robert C. Livingston

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Lidia Beals

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert H. Myers

(Address) Hanover Pa

15- APR 15 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 27 1916, to April 14 1916, that I saw h er alive on April 14 1916, and that death occurred, on the date stated above, at 12 M.,

The CAUSE OF DEATH* was as follows:

Gall stones

(Duration) — yrs. 6 mos. ds.,

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 3 ds.

(Signed) Robt C. Bear M. D.

....., 191... (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 18 ds. In the State yrs. 2 mos. 18 ds.

Where was disease contracted, if not at place of death? Hanover-Pa

Former or usual residence Hanover-Pa

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hanover Pa	Apr 17..., 1916.
20-UNDERTAKER, D. J. Jackson	ADDRESS, Hanover Pa

important. See instructions on back of certificate.

C94325 C94325

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2727 Huntingdon Ave. St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eli Smith

(Residence in Baltimore: No. 2727 Huntingdon Ave St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept. (Month) 13 (Day), 1843 (Year)

7-AGE: 72 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Contractor + Builder
(b) General nature of industry, business, or establishment in which employed (or employer): 215

9-BIRTHPLACE (State or country): New York State

PARENTS

10-NAME OF FATHER: Charles Smith

11-BIRTHPLACE OF FATHER (State or country): New York State

12-MAIDEN NAME OF MOTHER: E Smith

13-BIRTHPLACE OF MOTHER (State or country): N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Blanche Smith

(Address) 2727 Huntingdon Ave

15- APR 15 1916 ..... 191.. HARRY C ANDREWS Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1916, to, April 14 1916, that I saw h~~im~~ alive on April 13 1916, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) unknown yrs. mos. ds.

Contributory (SECONDARY) Uremic Coma.

(Duration) yrs. mos. 2 ds.

(Signed), Herman G. Cooper M. D.

April 14 1916 [Address] 2425 St Paul St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 18 1916

20-UNDERTAKER: A S Marshall — ADDRESS: 2539 Fells Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91226

CERTIFICATE OF DEATH.

84 C91226

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Young's Ct ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Nichols

(Residence in Baltimore: No. 1605 Young's Ct St.; unknown yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cat Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Damare Bryan.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nancy Bryan.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Sanders.

(Address) 5087 Dallas St.

15-APR 15 1916 ROBERT . KRAUTHS, Registrar.

Filed....., 191... Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27, 1916, to April 14, 1916, that I saw her alive on April 14, 1916, and that death occurred, on the date stated above, at 5-9 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Cardiac asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Adenitis

..... (Duration) ..... yrs. 8 mos. ..... ds.

(Signed) C. R. Johnson M. D.

4/14, 1916 (Address) 611 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cambridge Md.	Apl. 15, 1916
20-UNDERTAKER	ADDRESS
Chas. R. Johnson.	467, Caroline St.

C94227

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C94227

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 627 E. Clement St. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard C Pierson

(Residence in Baltimore: No. 627 E. Clement St. St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White	Married

6-DATE OF BIRTH May 29, 1865
(Month) (Day) (Year)

7-AGE 50 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer #63
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Varnish Co

9-BIRTHPLACE (State or country): Camden N.J.

PARENTS

10-NAME OF FATHER: Richardson

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Emma Carson

13-BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Pierson

(Address) 627 Clement St

15- Filed APR 15 1916, 191 — ROBERT . GRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12th, 1916, to April 14, 1916
that I saw h[illegible] alive on April 13, 1916,
and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:

Central Hemiplegia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O Eichenlaub M. D.

4-14, 1916 (Address) 1412 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Camden N.J.	Apl. 16, 1916
20-UNDERTAKER: M. Doyle & Son.	ADDRESS: 156 Lee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94228

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C94228

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 912 Jordan ST. 11 WARD)

2-FULL NAME Ellsworth Washington

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 912 Jordan St.; 41 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ..... (Month) ....., 1875 (Year) — (Day) illegible

7-AGE: 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter, c 866
(b) General nature of industry, business, or establishment in which employed (or employer): Richmond Market

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Henry Washington

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Hooker

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Washington

(Address) 912 Jordan St

15- APR 15 1916 Filed ....., 191.. ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4, 8, 1916, to, 4, 14, 1916, that I saw h[illegible] alive on 4, 8, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, I was also treated at Fed Emc Hosp (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. D. Gibbons M. D.

4, 14, 1916. (Address) 211 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 4/17/16

20-UNDERTAKER: Andrew J. Hawkey — ADDRESS: 578 Riddle

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94229

CERTIFICATE OF DEATH.

18 C94229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Moreland Ave St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalia Mautner

(Residence in Baltimore: No. 1708 Moreland ave St.; Five yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. 24, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, R. H Mankeo

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosa Weil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Mautner

(Address) 1708 Moreland Ave

15- Filed APR 15 1916, 191. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1916, to Apr 14 1916, that I saw her alive on Apr 14 1916 and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Acute facial Erysipelas

(Duration) yrs. mos. dr.

CONTRIBUTORY (Secondary) Metastasis to Brain with acute nephritis

(Duration) yrs. mos. 7 ds.

(Signed) Robert W. Mifflin M. D.

Apr 14, 1916. (Address) 1016 Mad. Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, April 16, 1916

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Madison

Important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94230 C94230

Registered No. C 90

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1625 N Broadway St.: 6 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John J Thompson

(Residence in Baltimore: No. 1625 N Broadway St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: September, 1 (Month) (Day)

7 AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9 BIRTHPLACE (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: James Thompson

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Thompson

(Address) 1625 Broadway

15 APR 15 1916 Filed ....., 191.... ROBERT . KRAUTH, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 12th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 4th 1916 to April 12th 1916
that I saw h[illegible] alive on April 11th 1916
and that death occurred, on the date stated above. at 6 A m.
The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Asthma

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

April 14th 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Apr 15 19[illegible]

20 UNDERTAKER: M Fahey & Sons — ADDRESS: 604 Lafayette

C94231 HEALTH DEPARTMENT—CITY OF BALTIMORE C94231

CERTIFICATE OF DEATH. 56

PLACE OF DEATH

CITY OF BALTIMORE (No. 15 N Carey ST.: 6 WARD) REGISTERED No. C

FULL NAME Fannie Brooks (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 15 N Carey St.; yrs. unk mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, about 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Hensley

(Address) Fort Howard

15- Filed APR 15 1916, 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin A. Cassard M. D. (Coroner.)

April 14th, 1916 (Address) N. B. Preston Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwarz, Cem. DATE OF BURIAL, April 16, 1916

20-UNDERTAKER Wm Cook ADDRESS 30 & E Fayette as

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94232 C94232

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Dixon #1

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... April ..... (Month) 18 (Day), 1880. (Year)

7-AGE, 35 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William J. Dixon

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Cotton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kinnard

(Address) Md. Penitentiary

15- Filed APR 15 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... (Month) 8th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1915, to April 8 1916, that I saw him alive on April 8 1916, and that death occurred, on the date stated above, at 7.55 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Toxemia and Exhaustion

..... (Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (Duration) 1 yrs. .....mos. 23 ds.

(Signed) William F. Stewart M. D.

April 9, 1916. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. 9 mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	April 16, 1916.
20-UNDERTAKER	ADDRESS
S. L. Brownell Son	108 W. Monty

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

94233 — 92 — 94233

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1506 Abbottston ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Chaney

(Residence in Baltimore: No. 1506 abbottston St.; 1 yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Baby

6-DATE OF BIRTH: April (Month) 8 (Day), 1915 (Year)

7-AGE: One yrs. — mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore md

PARENTS

10-NAME OF FATHER: W. M. Chaney

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Jillian Flemming

13-BIRTHPLACE OF MOTHER (State or country): Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. M. Chaney

(Address) 1506 abbottston st

15- APR 15 1916 ROBERT . BRUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5, 1916, to April 14 1916, that I saw her alive on April 14 1916, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Tubar Double Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) H. Tom Westbrook M. D.

April 14, 1916. [Address] 16 S Broadway

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: 4/16, 1916

20-UNDERTAKER: J. Fus McCully — ADDRESS: 39 E. Fordham

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94234 HEALTH DEPARTMENT—CITY OF BALTIMORE C94234

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Patterson Pk Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. C. Gracey

(Residence in Baltimore: No. 428 N. Patterson Pk Ave St.; 53 yrs., 1 mos., 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feby (Month) 26 (Day), 1863 (Year)

7-AGE, 53 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Wm. Gracey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Gracey

(Address) 428 N. Patterson Pk Ave

15- APR 15 1916 Filed ROBERT C. KRAUTHS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1916, to April 14 1916, that I saw him alive on April 14 1916, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Endarteritis

(Duration) ....yrs. ....mos. 2d ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Adolph C. Eisenhauer M. D.

April 17, 1916. (Address) 2201 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	April 16, 1916.
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94235

CERTIFICATE OF DEATH.

89 C94235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Decator ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florentine Furman

(Residence in Baltimore: No. 1107 Decator St.; ..... yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 29 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathews Furman

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Florentine Gai

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Furman

(Address) 1107 E. Decator St

15- APR 15 1916 Filed....., 191.... ROBERT J. BRAUNE, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13, 1916, to April 14 1916, that I saw her alive on April 13 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Kelberger M. D.

April 15 1916 (Address) 1709 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, April 15, 1916

20-UNDERTAKER, William Trautwein

ADDRESS 1618 Eastern Ave.

Important. See instructions on back of certificate.

C94236

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C94236

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2231 Henneman Ave. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Rabenau

(Residence in Baltimore: No. 2231 Henneman Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Infant

6-DATE OF BIRTH: July (Month) 17 (Day) 1915 (Year)

7-AGE: yrs. 8 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10-NAME OF FATHER: William Rabenau

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Bergen nother

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Rabenau

(Address) 2231 Henneman Ave

15 Filed APR 15 1916, 191..... ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to, April 14 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. M ds.

Contributory (SECONDARY) Epidemic Cerebro Spinal Meningitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Conrad Schulz M. D.

April 15, 191 6 [Address] 1114 E. Eager

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 16 191 6
20-UNDERTAKER	ADDRESS
Leo. G. Cook	1101 Patterson Park Ave

2218 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C94237

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 W. Cross St. 21 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Putnam Stafford

(Residence in Baltimore: No. 1224 W. Cross St. St.; ....yrs., ...mos. ....ds.)

Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1867 (Year)

7-AGE, 48 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John T. Stafford,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Sarah Williams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Parnell Stafford

(Address) 1224 W. Cross St.

15- APR 15 1916 Filed ..... 191.....

ROTERT, KRAUTER, Burial Permit Clerk.

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1915, to Apr. 12 1916, that I saw h[illegible] alive on Apr. 12 1916, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstetial Nephritis

about

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. T. Salsbury M. D.

Apr. 13, 1916. (Address) 621 E. 4th ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Com	April 15, 1916.
20-UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	124 N. Ave

Spec.—8-24-14—M. & T.—2000 Blks.

94238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 79 C94238

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Ehrlt

(Residence in Baltimore: No. 624 S 4th St St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, December 28, 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gen'l Lab.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- FILED APR 15 1916, 191.. ROBERT J. BRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 13 1916, that I saw h... alive on April 13 1916, and that death occurred, on the date stated above, at 2.55 a.m.

The CAUSE OF DEATH* was as follows:

Abscess Brain, Encephalitis

(Duration) 11 ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Lymphoma Mediastinal

(Duration) ? yrs. mos. ds.

(Signed) Arthur Bloomfield M. D.

April 13, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 624 S 4th St

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. April 16, 1916

20-UNDERTAKER Lilly & Zirkin ADDRESS 403 N Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94239 108 C94239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petro Salerno

(Residence in Baltimore: No. 1013 Sterling St ST.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1874 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass Finisher
(b) General nature of industry, business, or establishment in which employed (or employer): Hamburg Co 32

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Alphonse Salerno

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Mariana Rigotuso

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paulina Salerno

(Address) 1013 Sterling St.

15-Filed APR 15 1916, 191.... ROBERT . BRAUNER, REGISTRAR OF VITAL STATISTICS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 13 1916, that I saw h in alive on April 13 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

1. Ruptured Appendix & peritonitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia (lobar)

(Duration) yrs. mos. 7 ds.

(Signed) William T. May M. D.

April 13, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1013 Sterling St.

Former or usual residence 1013 Sterling St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 17, 1916

20-UNDERTAKER Lilly & Zile ADDRESS 402 E Monument St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94240

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94240

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 218 N. Cribral ave. ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Gibson

(Residence in Baltimore: No. 218 N. Cribral ave. St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unemployed

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, James Gibson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Cooper

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Hill

(Address) 218 N. Cribral ave.

15- APR 15 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1915, to April 13, 1916, that I saw h 22 alive on April 13, 1916, and that death occurred, on the date stated above, at 2.25 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

April 14, 1916 (Address) 120½ Asquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem.	April 16, 191..
20-UNDERTAKER Mrs. J. E. Locke	ADDRESS 1302 Jefferson av.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94241 C94241

CERTIFICATE OF DEATH. 154

1-PLACE OF DEATH. General German Aged People's Home REGISTERED NO. C

CITY OF BALTIMORE: (No. Baltimore & Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Gendreizig

(Residence in Baltimore: No. N. E. Cor Baltimore & Payson St. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR ~~DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 15, 1821 (Month) (Day) (Year)

7-AGE, 94 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ludwigsburg Wurtemberg

PARENTS.

10-NAME OF FATHER, Anton Gendreizig

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER — Kelleiter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of Germania Aged Home

(Address) Baltimore & Payson Sts.

15- APR 15 1916 ROBERT T. KRAETTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1914, to Apr 15 1916, that I saw her alive on Apr. 9 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. W. Hobelmann M. D.

Apr 15 1916 (Address) 1908 N. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	April 17, 1916
20-UNDERTAKER Jos B Cook	ADDRESS 1003 N Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94242

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Etting ST.; 14 WARD)

REGISTERED NO. C.....

2-FULL NAME Mrs. Amelia Carpenter

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2214 Etting St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... May ..... (Month) 13 (Day) 1855 (Year)

7-AGE 61 yrs. 11 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home

9-BIRTHPLACE, (State or Country), Baltimore County, Md.

PARENTS.

10-NAME OF FATHER, William Patterson.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore County.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonora Hall

(Address) 2214 Etting St.

15-

Filed APR 15 1916 191..... ROBERT ..... KRAUSE, Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 4 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2/14 1916, to 4/13 1916, that I saw h.. alive on 4/13 1916, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis .....

..... (Duration) .....yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. ..... mos. 2 ds.

(Signed) ..... M. D.

4/13, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	April 16, 1916
20-UNDERTAKER	ADDRESS
Julius B. Pyle.	1020 Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

C94243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C94243

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Dotson.

(Residence in Baltimore: No. Maryland Penitentiary St.; 2 yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 6, 1891.
(Month) (Day) (Year)

7-AGE, 25 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer 027
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John W. Dotson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellen Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Penitentiary

(Address) Maryland Penitentiary

15- Filed APR 15 1916, 191... ROBERT . KRAUTER, Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 29 1915, to April 14 1916, that I saw him alive on April 14 1916 and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Respiratory and Cardiac Failure

(Duration)..... yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculor Pneumonia

(Duration)..... yrs. 1 mos. 19 ds.

(Signed) William F Schwartz M. D.

April 15, 1916 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 4 mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Waterville- Carroll Co. Md

19-PLACE OF BURIAL OR REMOVAL To be shipped to Fredrick and DATE OF BURIAL, April 17, 1916

20-UNDERTAKER Geiss B. Pyle. ADDRESS 926 Mulberry St

Important. See instructions on back of certificate.

John or Coggins

C94244

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94244

1 PLACE OF DEATH — REGISTERED No. C 79

CITY OF BALTIMORE: (No. Garrison Ave & Fernhill Ave St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Coggins

(Residence in Baltimore: No. Garrison Ave and Fernhill Ave St.: 76 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: January 24 (Month) 24 (Day) 1830 (Year)

7-AGE: 86 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: Wm Coggins

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Mary Bryne

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. M. Flarity

(Address) Garrison Ave

15- APR 15 1916 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/10, 1916, to, 4/13, 1916, that I saw h[illegible] alive on 4/13, 1916, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis,

(Duration) yrs. mos. 4-5 ds.

Contributory (SECONDARY) Bronchial pneumonia and

mitral regurgitation (Duration) 6-8 yrs. mos. ds.

(Signed), Henry Russell, M. D.

4/14, 1916. [Address] 3902 Groveland Ave Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 16, 1916

20-UNDERTAKER: W. E. Richardson — ADDRESS: Lemax Nath

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94245

CERTIFICATE OF DEATH.

91 C94245

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Eutaw St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Zeller

(Residence in Baltimore: No. 1923 Fleet St.; ....yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, July (Month) 20 (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Zeller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Francis Galhowshie

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Zeller

(Address) 1923 Fleet St.

15 Filed APR 15 1916 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 14 1916, that I saw her alive on April 14 1916, and that death occurred, on the date stated above, at 4 55 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumia

(Duration) ....yrs. Ca 14 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F A Janusziewicz M. D.

April 17, 1916. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, April 14 1916

20-UNDERTAKER Marshall Appel & Son

ADDRESS 37 Hanover St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94246 — CERTIFICATE OF DEATH. — 40 — C94246

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 820 N Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Schneider

(Residence in Baltimore: No. 1820 N Central Ave St.; 65 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 3rd (Day) 1833 (Year)

7-AGE, 82 yrs. 10 mos. 10 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Bunn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Schneider

(Address) 820 N. Central Ave

15-APR 16 1916 ROBERT . KRAUTHS Burial Permit Clerk.
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 13th (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1915, to April 13 1916, that I saw h[er] alive on April 13th 1916, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Breast

(b) Cerebral Hemorrhage

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) 1

(Duration) yrs. mos. ds.

(Signed) Wm. T. Talbot White M. D.

April 14, 1916 (Address) 1819 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 17, 1916
20-UNDERTAKER Henry Hozell Son	ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(94247) (94247)

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 Lafayette ave St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys White

(Residence in Baltimore: No. 548 Lafayette ave St.; ..... yrs., ... mos. ..... ds.) life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct 14, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 6 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, ——— White

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mamie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Davis

(Address) 548 Lafayette

15- APR 16 1916 ROBERT J. KRAUTAS, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 14 1916, that I saw h[er] alive on April 14 1916, and that death occurred, on the date stated above, at 6[3]9 m.

The CAUSE OF DEATH* was as follows:

Bronchus

Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas T Hawkins M. D.

April 15, 1916. (Address) 548 Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Dist Hon Cem.	April 16, 1916.
20-UNDERTAKER Samuel S Stanley	ADDRESS 458 Biddle St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C94248

C94248

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie May Downs

(Residence in Baltimore: No. 621 N. Robinson St.; Five yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ... Dec 25 ....., 1867.
(Month) (Day) (Year)

7-AGE, 48 yrs. 3 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Henry Walpert

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Emma Cochman

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William L. Downs

(Address) 621 N. Robinson St.

15- APR 16 1916 191.. ROBERT , KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 17 1916, to April 14 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver

Secondary to Carcinoma of Uterus

Duration: 2 mos.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Kelley M. D.

Apr. 15, 1916. (Address) 200 N. Patt. Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel County	Apr. 17, 1916.
20-UNDERTAKER	ADDRESS
Albert E. Kelley	221 N Bradley

Important. See instructions on back of certificate.

Dr. Kelley Balto Rd. Hyatt

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94249 C94249

CERTIFICATE OF DEATH.

8 189 Registered No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1316 N Chapel St.: 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Robert Ford

(Residence in Baltimore: No. 1316 N Chapel St.; yrs., 9 mos..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Colored	Child

6-DATE OF BIRTH, March 16th, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 0 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Robert Ford

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Mackay

13-BIRTHPLACE OF MOTHER (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ford

(Address) 1316 N. Chapel St.

15- FILED APR 16 1916 ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Elisha L. Cassell M. D.
(Coroner.)

April 14th, 1916 (Address) 156 S. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Albany Ave.	April 16, 1916

20-UNDERTAKER	ADDRESS
Harry A. Vodery	1725 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94250

CERTIFICATE OF DEATH.

152

C94250

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. 41st St.; 9 WARD)

2-FULL NAME Robert Albert Hopper

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 721 E 41st St.; ....yrs.,....mos.,7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...March.... (Month) 8 (Day) 1916 (Year)

7-AGE, ...yrs....mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Otis E. Hopper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Avis E. Parr

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otis E. Hopper

(Address) 721 41st St.

15- APR 16 1916 Filed....., 191.... ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April. 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April. 8. 1916, to April. 14 1916, that I saw h.. alive on April. 14 1916, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronical Hemorrhage

(Duration) ....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion Syncope

(Duration) ....yrs....mos. 1 ds.

(Signed) Williams Pillsbury M. D.

Apl 15, 1916 (Address) 2301 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, April 16, 1916.

20-UNDERTAKER R. F. Turne — ADDRESS 1442 N Bro...

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94251 94251

CERTIFICATE OF DEATH.

REGISTERED No. C 152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S Washington St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwood Daugherty

(Residence in Baltimore: No. 17 S. Washington Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, 8 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edwood Daugherty

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie Meek

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Meek

(Address) 17 S Wash. Ave

15- APR 16 1916 Filed ..... 191.. ROBERT . BRUTTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April, 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 15 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Instrumental Birth by large child

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. E. Bean M. D.

4/14, 1916. (Address) 1600 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Co

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	4/16, 1916
20-UNDERTAKER	ADDRESS
Jahrens Co	1611 Druid

Important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

Teresa Motrowska.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94252 104 C94252

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Eastern Ave ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Mokrowski

(Residence in Baltimore: No. 1731 Eastern Ave. St.; 3 yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... June (Month) 10 (Day), 1912 (Year)

7-AGE, ... yrs. 3 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Motrowski

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Mary Kurowski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Motrowski

(Address) 1731 Eastern Ave

15-APR 16 1916 ROBERT . KRAUTER,

Filed....., 191.... Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 15 1916, that I saw h[illegible] alive on April 15th 1916, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

..... Gastro Enterocolitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Thos A Ortlepp M. D.

4-15, 1916 (Address) 422 S Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, | DATE OF BURIAL, Apr 16, 1916,

20-UNDERTAKER M. F. Sadowski | ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94253

CERTIFICATE OF DEATH.

28 C94253

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 835 Lanvale ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Preston

(Residence in Baltimore: No. 835 Lanvale ave St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, ... 1879 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Thos Preston

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Preston

(Address) 835 Lanvale ave

APR 16 1916 ROBERT T. FRAZIER, Burial Permit Clerk
Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 9th 1916, to April 12th 1916, that I saw h— alive on April 9th 1916, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Ellis M. D.

4/13, 191.. (Address) 924 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	April 16, 1916.
20-UNDERTAKER	ADDRESS
Charles B Jones	506 Rogers Av

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94254

CERTIFICATE OF DEATH.

109 C94254

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Edmondson Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Dignan

(Residence in Baltimore: No. 3018 Edmondson Ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, ..., (Month) — (Day) 1851. (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jerome Dignan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dignan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Regan

(Address) 3018 Edmondson Ave

15- APR 16 1916 ROBERT . ERNST
Filed....., 191... Burial Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1916, to Apr 13 1916, that I saw h.. alive on Apr. 13 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

Strangulated Hernia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Walter Stevens M. D.

4-14-16, 191... (Address) 2300 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	April 17, 1916
20-UNDERTAKER James Dignan Son	ADDRESS 1000 S. Paca St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94255

CERTIFICATE OF DEATH.

62 C94255

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Riviera Aprt. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob B.Hess,

(Residence in Baltimore: No. Linden Ave.& Park Drive, St.; lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, July (Month) 16th. (Day) 1860 (Year)

7-AGE, 55 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired. 31
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shoe, Mnfg, Co.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Nathan Hess,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Bertha Stern,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....I.S.Hess.....

(Address)....2303 Eutaw Place,.....

15-APR 16 1916 ROBERT . BRUTTER,
Filed....., 191.... Registrar. Burial Permit Clerk.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14th. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 14 1916, that I saw him alive on April 14 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Spinal Sclerosis
Locomotor Ataxia

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis
Laryngeal Spasm

(Duration) yrs. mos. 7 ds.

(Signed) Joseph C. Gichner M. D.

April 15, 1916. (Address) 1516 Mass. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[redacted], Oheb Shalom,	April 16th, 191 6
20-UNDERTAKER Hart Sondheim	ADDRESS 18 W. Mt. Pl.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94256 C94256

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Esplanade, Aprt. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Katzenstein,

(Residence in Baltimore: No. Eutaw Place & Park, St.: 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married,

6-DATE OF BIRTH, June (Month) 15th. (Day) 1844 (Year)

7-AGE, 71 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 314
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Mnfg.

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Wolf Katzenstein,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Matilda Saks,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W.Katzenstein,

(Address) Esplanade, Aprt.

15- APR 16 1916 Filed....., 191.. ROBERT . KRAUSS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~June~~ April (Month) 15th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 1916, to April 14 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Diabetes

Mitral insufficiency

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 0 yrs. 0 mos. 14 ds.

(Signed) Harry Adler M. D.

April 15., 1916 (Address) 171 E Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew, DATE OF BURIAL, April 17th 16

20-UNDERTAKER Harry Sondheim ADDRESS 118 N Howard St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94257 C94257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Parker

(Residence in Baltimore: No. 2102 Division St St.; ..... yrs., 1 mos. ..... ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	married

6-DATE OF BIRTH, March 23, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Servant .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Jerry Parker

11-BIRTHPLACE OF FATHER (State or Country), annapolis Md

12-MAIDEN NAME OF MOTHER Emma Warren

13-BIRTHPLACE OF MOTHER (State or Country), annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerry Parker

(Address) 2102 Divon St

15- Filed APR 16 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 16 1916, that I saw h[illegible] alive on April 15 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj Rhett M. D.

April 16, 191.. (Address) 2133 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont Auburn	April 16, 1916.
20-UNDERTAKER John H Owens	ADDRESS 1222 Penna Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94258

CERTIFICATE OF DEATH.

92

C94258

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bowden

(Residence in Baltimore: No. 1338 N. Mount St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... March 20 (Month) (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labrer 536
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railroad

9-BIRTHPLACE, (State or Country), Goldsborough Co. North Car

PARENTS.

10-NAME OF FATHER, Wilbert Bowden

11-BIRTHPLACE OF FATHER (State or Country), Goldsborough Co. N. C.

12-MAIDEN NAME OF MOTHER Lottie ——

13-BIRTHPLACE OF MOTHER (State or Country), Goldsborough Co. N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Anna Bowden .....

(Address) 1338 N Mount St

15- APR 16 1916 Filed....., 191... ROBERT , KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 13 (Month) (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 13 1916, that I saw h— alive on April 13 1916, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Lobr Pneumonia .....

..... (Duration)..... yrs. ..... mos. 7 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed)..... W. H. Wright M. D.

April 13, 1916 (Address) 12 09 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	APR 16 1916

20-UNDERTAKER JAMES H. DENNIS, ADDRESS 1303 PRESSTMAN ST

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 094259

8 094259

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1317 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Johnson

(Residence in Baltimore: No. 1317 N. Mount St.; 4 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, ... December, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... White Washer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 243

PARENTS.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Hillary Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Mayo

(Address) 1317 N. Mount St.

15- APR 16 1916 Filed..... 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 12 1916, that I saw him alive on April 12 1916, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Quinn M. D.

April 14, 1916. (Address) 1507 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, APR 16 1916

JAMES H. DENNIS, UNDERTAKER

ADDRESS 1303 PRESSTMAN ST.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94260

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 N. Stricker ST. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Garfield Jones

(Residence in Baltimore: No. 1320 N. Stricker St. St. 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May — 15 —, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huckster 65
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, John H. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Liggett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Paul

(Address) 1320 N. Stricker

15- Filed APR 16 1916 ROBERT . KRAUTER, Burial Permit (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr — 13 —, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 5th 1916, to Apr 13 1916, that I saw h-im alive on Apr 12th 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) F. C. Luck M. D.

Apr 13th, 1916. (Address) 1315 Druid Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lion Cem. DATE OF BURIAL, Apr 16th, 1916

20-UNDERTAKER George H. Holland ADDRESS 57 Robert st

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94261 C94261

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 N. Caroline St ST.: 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Harris

(Residence in Baltimore: No. 714 N. Caroline St. St.: 15 yrs., \ mos. \ ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known ....., 1870
(Month) (Day) (Year)

7-AGE, ...46.... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Williams

(Address) 714 N. Caroline St

15- Filed APR 16 1916 ROBERT J. KRAUTER, Registrar

Burial Permit Order

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2. 1915, to April 14 1916, that I saw h[illegible] alive on April 13 1916, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Emphysema

(Duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia - Exhaustion

(Duration) several weeks yrs. mos. ds.

(Signed) E. Mayfield Boyd M. D.

April 17th, 1916. (Address) 1429 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, April 17th, 1916

20-UNDERTAKER John A. Bibb

ADDRESS 107 W. Fayette

Important. See instructions on back of certificate.

C94262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

C94262

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital ST.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine M Dang

(Residence in Baltimore: No. 2321 Harford Ave St.; yrs., unknown mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 23rd, 1896.
(Month) (Day) (Year)

7-AGE, 19 yrs. 8 mos. 20 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, John E Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Prather

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Taylor

(Address) 2321 Harford Ave

15 APR 16 1916 Filed....., 191. ROBERT , KRAUTER, Registrar.

Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide, Inhalation of Illuminating Gas

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Elijah F. Cantwell M. D.
(Coroner.)

Apr 13th, 1916 (Address) 11 W. Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State. 19 yrs. 8 mos. 20 da.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2321 Harford Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Apr. 17, 1916.
20-UNDERTAKER	**ADDRESS**
Robert E Fuller	721 N Broadway

Important. See instructions on back of certificate.

C94263

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C94263

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 E. 22nd St.; 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Muir Gagneux.

(Residence in Baltimore: No. 420 E. 22nd St. St.; 41 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July - 16, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. 8 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Dorchester Co - Md.

PARENTS

10-NAME OF FATHER: Hugh S. Muir

11-BIRTHPLACE OF FATHER (State or country): Dorchester Co - Md

12-MAIDEN NAME OF MOTHER: Mary E. Pattison

13-BIRTHPLACE OF MOTHER (State or country): Dorchester Co - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred McGagneux

(Address) 420 E 22 St

15-APR 16 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April - 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April - 16, 1913. to. Apr - 14 1916
that I saw her alive on April - 14 - 1916.
and that death occurred, on the date stated above, at 3.15 P. m.
The CAUSE OF DEATH* was as follows:

Phthisis

(Duration) 6 yrs. ? + mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilbur P. Stubbs M. D.

Apr. 15, 1916. (Address) 647 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 17, 1916

20-UNDERTAKER: George L. Smith — ADDRESS 100 - N Fayette St

18. BE CAREFULLY WRITTEN. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C94264

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. S.B. Eye &Ear Hospt ST.: 23 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Sophia B Dorer

(Residence in Baltimore: No. 147 W Cross St

St.: 10 yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 28 (Day), 1905 (Year)

7-AGE, 10 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... Kan

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo M Dorer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Christina Koehnlein

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo M Dorer

(Address) 147 W Cross St

15- ROBERT . KRAUTER,
Filed APR 16 1916 of Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident
Ran into hind fender of auto
while roller skating
(Duration) Yrs. Weeks & Hanover mos. ds.

CONTRIBUTORY (Secondary) Broken Neck
(Duration) yrs. Sudden mos. ds.

(Signed) Edwl Schmidt M. D.
(Coroner.)

4 / 14, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds. 5 Months Lif

Where was disease contracted, if not at place of death? Hanover & West Pa.

Former or usual residence 147 W. Cross St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 17 1916

20-UNDERTAKER E. Schloman & Son — ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94265 C94265

CERTIFICATE OF DEATH.

80

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Eutaw Place ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Bendann

(Residence in Baltimore: No. 2406 Eutaw Place. St.; Lifetime, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, December 25th., 1852
(Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Seliger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Bendann

(Address) 2406 Eutaw Place.

15- APR 16 1916 Filed..... 191.....

ROBERT . KRAUTHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 16 1916, that I saw her alive on April 14 1916, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (with Arterio sclerosis ? Complications)

(Duration) Some ? yrs. mos. ds.

CONTRIBUTORY Coronary artery disease

(Secondary) Angina Pectoris (Duration) yrs. mos. 1D ds.

(Signed) Frank R. Smith M. D.

April 16, 1916. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bals Hebrew Cem	4/17, 191.6
20-UNDERTAKER	ADDRESS
L Sondheim's	118 W. Mt Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94266 C94266

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E. Mulberry St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon H. Adair

(Residence in Baltimore: No. 5 E. Mulberry St.; 34 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, December 12, 1866
(Month) (Day) (Year)

7-AGE, 49 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gb

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George H. Adair

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Susan Nottingham

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose Smith

(Address) 218 N. Stricker St.

15-
Filed APR 17 1916, 191... HATTY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 27 1916, to April 15 1916, that I saw him alive on April 15 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH*, was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) J A O'Donnell M. D.

April 16, 1916 (Address) 107 E. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Bell Haven Va — DATE OF BURIAL, April 17 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Balto & Payson 86

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp— ST.; 1 WARD)

REGISTERED No. C.....

2-FULL NAME Mary C. Anderson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	married

6-DATE OF BIRTH, July (Month) 31 (Day) 1862 (Year)

7-AGE, 53 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Timothy Sorrel

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ann Lewis

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

APR 17 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1916, to Apr 16 1916, that I saw her alive on Apr. 16 1916, and that death occurred, on the date stated above, at 12.45 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of
Generative Organs
Wound
(Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Post operative shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) H. W. Krantz M. D.

Apr 16, 1916. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence Darlington Md

19-PLACE OF BURIAL OR REMOVAL, Conowingo Md

DATE OF BURIAL, 4-17-16, 191.....

20-UNDERTAKER E & B Hartle

ADDRESS 115 E West St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94268

CERTIFICATE OF DEATH.

10

C94268

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Scott ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Chaillou

(Residence in Baltimore: No. 1139 Hanover St.; 71 yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, January 11th, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam Schlag

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Weidemeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Magruder

(Address) 1139 Hanover St.

15- APR 17 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1916, to April 15 1916, that I saw h-er alive on April 14 1916, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. 2 mos. ds.

(Signed) Edward Campbell M. D.

April 16, 1916. (Address) 517 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 17th, 1916

20-UNDERTAKER, Mr. & Mrs. John H. Teufel — ADDRESS 801 W. Fayette St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94269 C94269

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1839 Frederick Ave ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip A Spangenberg

(Residence in Baltimore: No. 1839 Frederick Ave St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6-DATE OF BIRTH: May 16, 1850 (Month) (Day) (Year)

7-AGE: 65 yrs. 10 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Spangenberg

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Kern

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Cecilia Spangenberg

(Address) 1839 Frederick Ave

15- APR 17 1916 Filed, 191 HAR[illegible] ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 14, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 25, 1916, to April 14 1916.
that I saw h[illegible] alive on April 13 1916.
and that death occurred, on the date stated above, at 9[illegible]4 m.
The CAUSE OF DEATH* was as follows:

Endocarditis--Mitral & Regurgitation

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Lu Congestion

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

April 15 1916 (Address) 914 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 18, 1916

20-UNDERTAKER: Chas Crowley — ADDRESS: 29 N Fulton Ave

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

730 8 C94270 40 C94270

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 11 N. Exeter St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baral Steinberg

(Residence in Baltimore: No. 11 N. Exeter St. St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Unknown (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plaster 33y
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Steinberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltd St

15- APR 17 1916 HARRY [illegible] AND [illegible]
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1915, to April 16 1916, that I saw him alive on April 16 1916, and that death occurred, on the date stated above, at 1.8 m.

The CAUSE OF DEATH* was as follows:

Obstruction, Carcinoma of pylorus & stomach and Pancreas, 24

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) D.A. Michelson M. D.

April 17, 1916 (Address) 1420 E. Baltd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Washington Road

DATE OF BURIAL, 4-17, 1916

20-UNDERTAKER Jos. J. Lewis

ADDRESS E. Baltd St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94271 C94271

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Monbray

(Residence in Baltimore: No. 1504 Madison Ave. St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Asst Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... " " Gas Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgia R. Monbray

(Address) 1504 Bradiston Ave

15- Filed APR 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1913, to Oct. 16 1916, that I saw h.. alive on Sept 16 1916, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration 3 days

CONTRIBUTORY (Secondary) Senility

Duration 3 yrs. mos. ds.

(Signed) Edward L. Jones M. D.

Oct. 16, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 6 mos. 26 ds. In the State 60 yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence 1504 Madison Ave.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 4/18, 191.6

20-UNDERTAKER Chas. L. Evans & Son ADDRESS 1811 Druid Hill Ave

Important. See instructions on back of certificate.

C94272

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

REGISTERED NO. C94272

1 PLACE OF DEATH

OF BALTIMORE: (No. 232 Dolphin ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Beverly Archer

(Residence in Baltimore: No. 232 Dolphin St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH Unknown (Month) (Day), 1858 (Year)

7-AGE 58 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Archer

(Address) 232 Dolphin st.

15- APR 17 1916 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mr. 2, 1915, to, April 14 1916, that I saw h[illegible] alive on April 14. 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

(Mitral valve) -
Cardiac Insufficiency

(Duration) 1 yrs 5 mos. K ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs ds.

(Signed) Edward J. Sheehan M. D.

4/16/ 1916. [Address] 1330 E. Hill Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: April 17, 1916

20-UNDERTAKER: John W Henderson

ADDRESS: 31 N Carolina

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94273 C94273

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 113 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosella Margiotti

(Residence in Baltimore: No. 113 Pearl St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	married

6-DATE OF BIRTH, April 1, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Giovanni Margiotti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Liberto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dimaro

(Address) 226 Howard St.

15- APR 17 1916

Filed ....., 191.... HARRY C. ANDREWS
Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on .....191....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent cem	April 17 1916.
20-UNDERTAKER	ADDRESS
John J. Sahyson	1318 Light St.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94274 — 92 C94274

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 926 N Carrollton Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M. Palmer

(Residence in Baltimore: No. 926 N Carrollton Ave St.; 32 yrs. ..... mos. ..... ds.)

Please answer questions 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 in every case where it is possible to obtain the information. Be careful that no question is overlooked. Write plainly with pen and ink. Do not use lead pencil. Fill in all blanks with the word or words required, or with the word "None" where that is the fact. If unknown, or if the question is not applicable, write "Unknown" or "Not applicable." Ditto marks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Nov. 29th (Month) (Day), 1835 (Year)

7-AGE: 80 yrs. 4 mos. 16 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Fruit Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: Penrad Palmer

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Rebecca MacPherson

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane N. Palmer

(Address) 926 N. Carrollton Ave

15. Filed APR 17 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY. That I attended deceased from April 9th, 1916, to April 14th 1916, that I saw him alive on April 14th, 1916, and that death occurred. on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

..... (Duration) — yrs. — mos. 5 ds

Contributory (SECONDARY): Advanced age

..... (Duration) — yrs. — mos. — ds.

(Signed), John J. Cunningham M. D.

....., 191..... (Address) 1826 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: April 17th, 1916

20-UNDERTAKER: E. M. Mitchell & Co — ADDRESS: 120 W. Fayette

C94275

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

C94275

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 N Mount St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace Staieloff Shultz

(Residence in Baltimore: No. 1033 N Mount St. yrs. 21 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: June 26, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE (State or country) Balto md

PARENTS

10-NAME OF FATHER: Wallace B Shultz

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Frida Staieloff

13-BIRTHPLACE OF MOTHER (State or country): New York city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wallace B. Shultz

(Address) 1033 N. Mount St.

15 Filed APR 17 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1916, to April 15 1916, that I saw him alive on April 15, 1916, and that death occurred, on the date stated above, at 10:30 a.m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Congenital (Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Valvular Heart Disease (Duration) yrs 21 mos. ds.

(Signed) Thomas Gelson M. D.

April 16, 1916. (Address) 1103 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: 4/18/16 .191

20-UNDERTAKER: Bernard A Fink

ADDRESS: 420 S. Payson St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94276

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C94276

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3924 Elm ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Foster

(Residence in Baltimore: No. 3924 Elm ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day), 1841 (Year)

7 AGE: 75 yrs. mos. ds. | If LESS than 1 day, hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: No occupation
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Unkown

11 BIRTHPLACE OF FATHER (State or country): Unkown

12 MAIDEN NAME OF MOTHER: Unkown

13 BIRTHPLACE OF MOTHER (State or country): Unkown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgie Dennis

(Address) 3924 Elm ave

15 APR 17 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apr (Month) 15 (Day), 1916. (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 29, 1916, to, Apr 15 1916, that I saw her alive on Apr 14, 1916; and that death occurred, on the date stated above, at 6:20 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Senility

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Thomas Dennis M. D.

Apr 15-1916 (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Apl 17, 1916.

20 UNDERTAKER: Chenowith Son — ADDRESS: Chestnut Ave

Please supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 (34277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Carlton ST.; 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Garner

(Residence in Baltimore: No. 111 N. Carlton St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept —, (Month) (Day) 1855 (Year)

7-AGE, 31 yrs. 7 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress 844
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Leonard Harris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Louisa Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Harris

(Address) 111 N Carlton St

15- Filed APR 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 4/9/16 1916, to 4/14/ 1916, that I saw h[illegible] alive on 4/14/ 1916, and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. H. Strohm M. D.

4/15, 191.. (Address) 111 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem'y — DATE OF BURIAL, April 17, 1916.

20-UNDERTAKER Alfred J. Freeland — ADDRESS 114 N Schroeder St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94278

HEALTH DEPARTMENT—CITY OF BALTIMORE

1/20

C94278

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 568 W. Preston ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Martin

(Residence in Baltimore: No. 568 W Preston St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Swann

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER Mary J Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mazie Martin

(Address) 568 W Preston St

15 APR 17 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to April 15th 1916, that I saw h[illegible] alive on April 14th 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas J. Keller M. D.

Apr 17, 1916. (Address) 222 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 4/19, 1916

20-UNDERTAKER Samuel L Hawley

ADDRESS 578 N Bdle

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94279 C94279

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2207 N. Biddle ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

*FULL NAME Minnie Cook

(Residence in Baltimore: No. 2207 N. Biddle St.; 4 yrs., 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1911 (Year)

7-AGE, 4 yrs. 10 mos. 10 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Cook

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Hannah Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Cook

(Address) 220 N Biddle St

15- Filed APR 17 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 15 1916, that I saw her alive on April 15 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

..... (Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) .....yrs. .....mos. 12 hours ds.

(Signed) Jas. H. Tompkins M. D.

April 15, 1916. (Address) 1019 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 18, 1916
20-UNDERTAKER Samuel S. Hawley	ADDRESS 578 N Bdle

(Over)

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94280 94280

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Bryant

(Residence in Baltimore: No. 726 Linden Ave St.; 70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Fernander

(Address) 721 Linden Ave

15- Filed APR 17 1916, 191

MARIE C. ANDERSON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1916, to Apr 16 1916, that I saw h[illegible] alive on Apr 15 1916, and that death occurred, on the date stated above, at 7.20A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 3 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

Apr 16, 1916 (Address) 501 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 8 mos. — ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 726 Linden Ave

Former or usual residence 726 Linden Ave

18-PLACE OF BURIAL OR REMOVAL, Laurel Dem

DATE OF BURIAL, April 19, 1916.

20-UNDERTAKER Samuel T. Hemsley

ADDRESS 578 W. Biddle

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94281 C94281

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH 1734 Linden Ave REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helene Pinon

(Residence in Baltimore: No. 1734 Linden Ave St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, June 28 1828 (Month) (Day) 1 (Year)

7-AGE, 87 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cologne, Germany

PARENTS.

10-NAME OF FATHER, Henry Kirchner

11-BIRTHPLACE OF FATHER (State or Country), Minden, Germany

12-MAIDEN NAME OF MOTHER H. Wilhelmine Kirchmann

13-BIRTHPLACE OF MOTHER (State or Country), Berlin, Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas L. Pinon

(Address) 1734 Linden Ave

15- APR 17 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to April 15 1916, that I saw her alive on April 15 1916, and that death occurred, on the date stated above, at 9:40 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Chronic Interstitial Nephritis

Aortic Insufficiency

(Duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary) 2 or 3 years

pressing my attendance.

(Duration) .....yrs. .....mos. .....ds.

(Signed) Chas L. Judd M. D.

April 15, 1916 (Address) 1701 Madison Ave Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	4-17, 1916.
20-UNDERTAKER	ADDRESS
Henry W. Faulkner Sons Co	W. Fulton & Ireland

C94282 C94282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST.: 2 WARD)

2-FULL NAME Catherine E Schimberg

Residence in Baltimore: No. 1726 Eastern Ave St.; 3 yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. (Month) 5th (Day), 1912 (Year)

7-AGE, 3 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Michael Schimberg

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Augusta Kilen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Schimberg

(Address) 1726 Eastern Ave

15- APR 17 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Accidental Burns over entire body
Duration Coroner's Case
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) Edgar L. Russell M. D. (Coroner.)

Apr 16th, 1916 (Address) 416 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs. Life mos....ds.

Where was disease contracted, if not at place of death?.....
1726 Eastern Ave

Former or usual residence 1726 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cemetery — DATE OF BURIAL, Apr 17, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94283 C94283

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 W Franklin ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Wigley.

Residence in Baltimore: No. 634 W Franklin St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Sept. 17, 1842.
(Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Reid

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah McVicker

13-~~BIRTHPLACE~~ OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L H Evans

(Address) 646 W. Franklin

15- Filed APR 17 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11 1916, to Apr 16 1916, that I saw h[er] alive on Apr 16 1916, and that death occurred, on the date stated above, at 5.55 P m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Oliver A. Wembry M. D.

Apr. 16, 1916 (Address) 1804 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cumberland Md. DATE OF BURIAL, April 18 1916.

20-UNDERTAKER W M Routson ADDRESS 230 N Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94284 — 18 — C94284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Feisler

(Residence in Baltimore: No. Little Sisters of the Poor St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 13, 1832 (Month) (Day) (Year)

7-AGE, 84 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred Miller

11-BIRTHPLACE OF FATHER (State or Country), Ger

12-MAIDEN NAME OF MOTHER Teresa Bikel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed APR 17 1916, 191.....

HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~April~~ 191..., to ..... 191....., that I saw her alive on April 14 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

.....

.....

Arteria Sclerosis

Duration — Years ..... Months ..... Days .....

CONTRIBUTORY (Secondary) Erysipelas

2 weeks (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Williamson M. D.

April 15, 1916. (Address) 1133 Valley st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. ..... mos. ..... ds. In the State 65 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 17, 1916.

20-UNDERTAKER H. C. Friedfeld — ADDRESS 174 Greenmount

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Dr Mears — 914 E Biddle

C94285

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94285

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Kennedy Av ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen V. Kuntzman.

(Residence in Baltimore: No. 1920 Kennedy Ave St.; 57 yrs. 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, April (Month) 19 (Day), 1858. (Year)

7-AGE, 57 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Alexander Slaysman Sr.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Sarah West.

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August C. Kuntzman

(Address) 1920 Kennedy Ave

15-

Filed APR 17 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to April 16 1916, that I saw h[er] alive on April 15 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Emphysema of gall bladder

..... (Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) Obstruction

..... (Duration) .....yrs. .....mos. 1 ds.

(Signed) Bernard Wirtz M. D.

4/17 1916. (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery. DATE OF BURIAL, April 18., 1916.

20-UNDERTAKER Lowe-Cook Co. ADDRESS 502 E. Hoff

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94286 C94286

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2031 Mount ST.; 19 WARD)

2-FULL NAME Georgiana Sturgis

(Residence in Baltimore: No. 2031 N. Mount St.; Life yrs.. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	Col'd	Mar

6-DATE OF BIRTH, March 4, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Harrison Myers

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER McKeown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jo Sturgis

(Address) 2031 N Mount

15- APR 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11, 1916, to April 16, 1916, that I saw h.. alive on April 15, 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 Month yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. mos. ds.

(Signed) E. Wallace Hoffman M. D.

....., 191.. (Address) 1939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	April 18, 1916.
20-UNDERTAKER Wm Routzon	ADDRESS 230 N Greene

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94287 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C94287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1616 Ashburton St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H. Conlier

(Residence in Baltimore: No. 1616 Ashburton St.: ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 4, 1902.
(Month) (Day) (Year)

7-AGE, 13 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Horace M Conlier

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Laura Bremer

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H M Conlier

(Address) 1616 Ashburton St.

15- Filed APR 17 1916, 191.... HARRY C. ANDREWS Burial Permit 016 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st, 1916, to April 14th, 1916, that I saw h[illegible] alive on April 13th, 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
with Paralysis of right Side
(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Leukemia
(Duration) about 2 yrs. ....mos. ....ds.

(Signed) Robt L. Mortimer M. D.
April 17, 1916 (Address) 5300 Fredrick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, April 17, 1916.

20-UNDERTAKER Ralph E. Turner ADDRESS 1424 Bway

IMPORTANT. See Instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94288 C94288

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 wilhelm ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard George Lepeck

(Residence in Baltimore: No. 1823 wilhelm St.: — yrs., 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, July 15, 1915. (Month) (Day) (Year)

7-AGE, — yrs. 9 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Lepeck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bertha Michael

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Joseph Lepeck

(Address)..... 1823 Wilhelm St

15- Filed APR 17 1916, 191.... RALPH C. ADDELTA Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 15 1916, that I saw h— alive on April 15 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

..... (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) yrs. mos. ds.

(Signed) Theodore Kalaure, M. D.

April 16, 1916. (Address) 34 S Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, April 17, 1916

20-UNDERTAKER George E. Lehmann & Bro

ADDRESS 2101 Frederick ave

Important. See instructions on back of certificate.

C91289

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91289

CERTIFICATE OF DEATH.

56

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 703 W Lombard ST.; 4 WARD)

2-FULL NAME Ernest Livingston

(Residence in Baltimore: No. 703 W Lombard St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 16, 1878
(Month) (Day) (Year.)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer): Patent Medicine

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm A. Livingston

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mary J. Evans

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eleanor Mayo

(Address) 610 S Spring St Rich Va

15- APR 17 1916
Filed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hem

(Duration) yrs. mos. ds.

(Signed) J. C. Jeffers M. D.
(Coroner)

Apr 17 1916 (Address) 24 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, Apl 17 1916

20-UNDERTAKER John Burns Sons ADDRESS Towson Md

HARRY O. ARNOLD
Burial Permit Clerk

Issue of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~2217~~ 18 E. 24th St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith

(Residence in Baltimore: No. 2217 Hunter Al St.; yrs., 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... (Month) (Day) 1846. (Year)

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Smith

(Address) 308 Princeton Pl.

15- APR 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Wesley Lewis M. D. (Coroner.)

Apr. 16, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Claybank Glenwood Cem.	April 19 1916
20-UNDERTAKER	ADDRESS
George H. Holland	517 Robert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94291 64 C94291

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Collington Ave St.; .....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Kessler

(Residence in Baltimore: No. 406 N. Collington Ave St.; 69 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July 19, 1837
(Month) (Day) (Year)

7-AGE, 78 yrs. 8 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kessler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kessler

(Address) 406 N. Collington Ave

15- APR 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1915, to April 14 1916, that I saw h.. alive on April 14 1916 and that death occurred, on the date stated above, at 6:50 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. 8 mos. 13 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. N. Mather M. D.

April 16, 1916 (Address) 1000 Patterson Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	April 17, 1916
20-UNDERTAKER	ADDRESS
Philip Herwig	Adams

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94292

64 C94292

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. Port ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Smith

(Residence in Baltimore: No. 1738 N. Port St.; 75 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 30th, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Fish Market

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Ged. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hannah

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Hesse

(Address) 2323 E. Oliver

15-

Filed APR 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to April 16 1916, that I saw h.m alive on April 11 1916 and that death occurred, on the date stated above, at 1 30 a.m.

The CAUSE OF DEATH* was as follows:

Left Hemaphlegia

Paralysis

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hemaphlegia

..... (Duration) yrs. mos. ds.

(Signed) R. P. Cousaman M. D.

April 17, 191.6 (Address) 1701 N. Carlings

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	April 18, 191.6
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna

Important. See instructions on back of certificate.

C94293

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94293

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1932 McHenry St. WARD) 20

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erma Erma Heinzinger

(Residence in Baltimore: No. 1932 McHenry St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Single

6-DATE OF BIRTH May 31, 1905
(Month) (Day) (Year)

7-AGE 10 yrs. 10 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER William Heinzenberger

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md

12-MAIDEN NAME OF MOTHER Louisa Kroney

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Heinzenberger

(Address) 1932 McHenry St

APR 17 1916 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1916, to April 16 1916.
that I saw her alive on April 16, 1916.
and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. Hiller Hunnig M. D.
4/16, 191 (Address) 2100 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL April 17, 1916

20-UNDERTAKER H. Witz & Co — ADDRESS 1831 Monroe St

2 PM

#state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C94294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3747 Morley St ST.; 20 WARD)

REGISTERED No. C.....

2-FULL NAME Catherine Mabel Goodfellow

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3747 Morley St St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 11 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, E Wm Goodfellow

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mamie —

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... E. W. Goodfellow .....

(Address)..... 3747 Morley St .....

15- Filed APR 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 16 1916
that I saw h.. alive on April 16 1916
and that death occurred, on the date stated above, at 12.15 P m.
The CAUSE OF DEATH* was as follows:

Gastro-enteritis

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.
April 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	April 16, 1916
20-UNDERTAKER	**ADDRESS**
Geo M Fuhrman	611 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

C94295 HEALTH DEPARTMENT—CITY OF BALTIMORE C94295

CERTIFICATE OF DEATH. 137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia R. Hall.

(Residence in Baltimore: No. 662 W. Fayette St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, ? (Month) ? (Day) 1882 (Year)

7-AGE, 34 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 816
(b) General nature of industry, business, or establishment in which employed (or employer)..... Johns Hopkins Hospital

9-BIRTHPLACE, (State or Country), Maryland. (City)

PARENTS.

10-NAME OF FATHER, Joseph Pravak.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Kaisler

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Dalrymple

(Address) 1051 Greenmount Ave.

15- APR 17 1916 Filed....., -191.... HARRY O. ANDES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 14 (Day) —, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-30 — 1916, to 4-14 — 1916, that I saw her alive on 4-14 — 1916, and that death occurred, on the date stated above, at 2:45 a m.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia (Puerperal)

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY. (Secondary) Hyperemesis Gravidarum

(Duration) ..... yrs. ..... mos. 22 ds.

(Signed) Charles E. Sims M. D.

4-14-, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 14 ds. In the State Lifetime yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 662 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, April 16, 1916

20-UNDERTAKER Geo. M. Fries | ADDRESS Balto

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94296 C94296

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 W Pratt ST.; 18 WARD) REGISTERED NO. C

2-FULL NAME Annie Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1240 W Pratt St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 13 (Day), 1844 (Year)

7-AGE, 71 yrs. 9 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, John Houck

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sanderson

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lemmerman

(Address) 1240 W Pratt St

15- Filed APR 17 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1916, to April 14 1916, that I saw h e alive on April 14 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Joseph E. Jones M. D.

April 15, 1916 (Address) 1520 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Peters Cemetery	April 18, 1916.
20-UNDERTAKER	**ADDRESS**
John J. Fulda	1200 W. Lombard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94297 64 C94297

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Otto

(Residence in Baltimore: No. 828 W. Baltimore St. St.: 53 yrs., 11 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word.) Married

6-DATE OF BIRTH, May 14 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 97
(b) General nature of industry, business, or establishment in which employed (or employer)..... A. Guardo.

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Jacob Otto.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Anderfuren

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mollie Otto.

(Address) 826 W. Balto St

APR 17 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 13 1916, to Apr 15 1916

that I saw h[illegible] alive on Apr 15 1916

and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

(Signed) Richard Smith, M. D.

Apr 17, 1916 (Address) 1426 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 826 W. Balto St

Former or usual residence 828 W Balto St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Apl 18, 1916.

20-UNDERTAKER Richard Otto ADDRESS 1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94298 43 C94298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1804 W Baltimore St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Baxter

(Residence in Baltimore: No. 1804 W Baltimore St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, January 31, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Julius Meier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Maier

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James P Baxter

(Address) 1804 W Balto St

15- APR 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1915, to April 15 1916, that I saw her alive on April 1 1916, and that death occurred, on the date stated above, at 1130a m.

The CAUSE OF DEATH* was as follows: Carcinoma Peritoneum

Woman, Glands

Operation (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) 1 year ago

(Duration) yrs. mos. ds.

(Signed) Mary Leonard M. D.

4/17, 1916. (Address) 774 Cary St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, April 17 1916.

20-UNDERTAKER Geo. A. Gerby — ADDRESS Balto Hayes Sts

Spec.—8-24-14—M. & T.—2000 lbs.

C94299

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94299

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Lemon ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Tronsing.

(Residence in Baltimore: No. 917 Lemon St.

46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 1st, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker. 314
(b) General nature of industry, business, or establishment in which employed (or employer): Self.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Tronsing.

(Address) 917 Lemon St

15- Filed APR 17 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 15 1916, that I saw h[illegible] alive on April 15 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

?

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cr. Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Benj. Dreyer Chaney M. D.

April 15, 1916 (Address) 404 N. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview Cem. DATE OF BURIAL, April 18, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Joseph W. Hepner

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94300 C94300

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1 W Fell ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph W. Hepner

(Residence if not in Baltimore: No. 923 Fell St.; yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February 25th, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Michael Hepner.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Teresa Barsz.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teresa Hepner.

(Address) 923 Fell St.

15- APR 17 1916 HARRY A. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 17 1916, that I saw h— alive on April 17 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wolman M. D.

April 17, 1916 (Address) 185 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	Apr. 18th, 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	705 S. Ann

Important. See instructions on back of certificate.

C91301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 174 C91301

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. Emerson

(Residence in Baltimore: No. 714 W. Fayette St.; yrs., 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. (Month) 21 (Day), 1845 (Year)

7-AGE, 28 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 274
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Ship-rigger)

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Nukkom

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Virgie Rhark

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Virgie Emerson

(Address) 714 W. Fayette

15- APR 17 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Hos death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull caused by accidentally being struck by a hook connected with a rigging outfit on a steamboat

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wood M Stuart M. D. (Coroner.)

Apr 17, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 70 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? On a Steamboat at Locust Point

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, April 11, 1916.

20-UNDERTAKER Wm J. E Evans & Son ADDRESS 1425 L. Charles

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94302

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C94302

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Chestnut Ave. St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O. Donnelly

Residence in Baltimore: No. 3306 Chestnut Ave St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Unknown ..... (Month) ..... (Day), 1841 (Year)

7-AGE 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): in Druid Hill Park

9-BIRTHPLACE (State or country): Washington D.C

PARENTS

10-NAME OF FATHER: Asked & Not Given

11-BIRTHPLACE OF FATHER (State or country): Asked & Not Given

12-MAIDEN NAME OF MOTHER: Asked & Not Given

13-BIRTHPLACE OF MOTHER (State or country): Asked & Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Isabella Donnelly

(Address) 3306 Chestnut Ave

15- Filed APR 17 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13, 1916, to April 16 1916, that I saw h.im alive on April 16 1916, and that death occurred, on the date stated above, at 10. P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs 3 mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) C. F. Haven M. D.

April 17, 1916 [Address] 800 W 33rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St.Mary;sCemetry H.	April 19 1916

20-UNDERTAKER	ADDRESS
A.S.Marshall	3539 Falls Road

TION is very important. See instructions on back of certificate.

C94303

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C94303

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. High ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B. Barron

(Residence in Baltimore: No. 211 N. High St.; 51 yrs. 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH February 20 1865
(Month) (Day) (Year)

7-AGE 51 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Fruit Packer
(b) General nature of industry, business, or establishment in which employed (or employer) 364

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Thomas F. Barron

11-BIRTHPLACE OF FATHER (State or country) England

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Thos B. Barron

(Address) No 211 N. High St

15- APR 17 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 16th 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1915, to, April 1916, that I saw him alive on April 8th 1916, and that death occurred, on the date stated above, at 3 15 p.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Indefinite (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) Tubroid Pthisis

Indefinite (Duration) — yrs. — mos. — ds.

(Signed) J. Albert. Miller. M. D.

4-16- 1916 [Address] 2739 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Apr. 17 1916

20-UNDERTAKER Henry Hoeck Son — ADDRESS 130 E Eager St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94304

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mildred Rose

(Residence in Baltimore: No. 29 N. Kenwood Ave St.; ....yrs., ...mos. Fifty ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... June (Month) 16 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Mr William Rose

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mrs Anna Feeney

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Rose

(Address) 29 N Kenwood Ave

15 APR 17 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 16 1916, that I saw her alive on April 16 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

.....

Tuberculous Peritonitis

.....

..... (Duration) ....yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Appendectomy (Operation & Drainage)

..... (Duration) ....yrs. ....mos. ds.

(Signed) J. Maxwell Starr M. D.

April 16 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 29 N Kenwood Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	April 18, 1916.
20-UNDERTAKER John A Moran	ADDRESS Bank & Ann Sts

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94305 64 C94305

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Groff.

(Residence in Baltimore: No. 611 S. Streeper St.; ....yrs., Life mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 7 (Day), 1853 (Year)

7-AGE, 63 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 764
(b) General nature of industry, business, or establishment in which employed (or employer)..... Copper works

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas. Groff

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry Groff

(Address) 611 S. Streeper St.

15- APR 17 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1915, to April 14 1916, that I saw h.. alive on April 1916, and that death occurred, on the date stated above, at 8:35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 7 ....ds.

(Signed) C. L. Lee M. D.

4/14, 1916. (Address) 1701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	April 1916
20-UNDERTAKER	ADDRESS
John A Mount & Sons	Bank

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94306 C94306

CERTIFICATE OF DEATH.

132

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Mitchell

(Residence in Baltimore: No. 7 Quay alley St.; 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... January ....., 1880
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
36 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H. Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paid Occupation

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Jas. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Patsy Mood

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address) 7 Quay alley

15- APR 17 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 17 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1916, to Apr 17 1916, that I saw h[er] alive on Apr 16 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

..... Bilateral Pyosalpinx .....

.....

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Purulent Peritonitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... M. D.

April 17, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 7 Quay alley

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, April 18, 1916.

20-UNDERTAKER M Doyle & Son. ADDRESS 45 E. Lee St

important. See instructions on back of certificate.

C94307 John Mowbray

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C94307

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 628 Montgomery ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mobwray

(Residence in Baltimore: No. 628 Montgomery St.: 27 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown, 1899
(Month) (Day) (Year)

7-AGE: 27 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labour 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Balt city

PARENTS

10-NAME OF FATHER: Samuel Mobwray

11-BIRTHPLACE OF FATHER (State or country): Annapolis Md

12-MAIDEN NAME OF MOTHER: Sarah allen

13-BIRTHPLACE OF MOTHER (State or country): Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Mobwray

(Address) 628 W Mountgomery St

15. Filed APR 17 1916, 19... ROBERT J. KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 16, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 -, 1916, to, April 15 1916, that I saw him alive on ... 1916, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchial " "

(Duration) ... yrs. ... mos. 8 ds

Contributory (SECONDARY) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Tyler Smith M. D.

April 16, 1916. (Address) 717 W. Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Annapolis Md

DATE OF BURIAL: April 18, 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 609 Litt St Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94308

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Patterson Pk. Av. St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Studzinski

(Residence in Baltimore: No. 517 S. Patterson Pk. Av. St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Thomas Studzinski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country), Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Rawinski

(Address) 517 S. Patterson Pk. Av.

15- APR 17 1916 ROBERT . KRAUTER,
Filed....., 191..... Burial Permit (illegible)
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to April 17 1916, that I saw h[illegible] alive on April 16 1916, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows: 9

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Chas. L. Keer M. D.

4/17/16, 191... (Address) 408 S. Patterson Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary. DATE OF BURIAL, April 17, 1916.

20-UNDERTAKER William F. Malkowski ADDRESS 1615 Eastern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C94309

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N Callington Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis W Weber

(Residence in Baltimore: No. 419 N Callington Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 4 (Month), ... (Day), 1915 (Year)

7-AGE, ...yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm L Weber

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Lucy Vansiff

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Weber

(Address) 419 N Callington Ave

15- Filed APR 17 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 2 1916, to April 16 1916, that I saw h[illegible] alive on April 16 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elizabeth Robertson M. D.

April 17, 1916 (Address) 2129 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, April 18, 1916

20-UNDERTAKER Todd & Tennent — ADDRESS 1424 W Pratt

Important. See instructions on back of certificate.

C94310

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C94310

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2609 Hafer St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Weber

(Residence in Baltimore: No. 2609 Hafer St. St.: 37 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6-DATE OF BIRTH July (Month) 16th (Day), 1868 (Year)

7-AGE 47 yrs. 8 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver (Wagon)
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Co.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jacob Weber

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Seippel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Weber

(Address) 2609 Hafer St

15-APR 17 1916 Filed ....., 191 ROBERT J. KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1914, to, April 15 1916, that I saw h.. alive on April 2nd, 1916, and that death occurred, on the date stated above, at 4.10 P.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. ..... mos. ..... d

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John Hauff M. D.

April 16, 1916. (Address) 1843 W. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: April 18th, 1916

20-UNDERTAKER: Chas. W. Dill ADDRESS 3100 Frederick Ave.

NOTE--Very full information should be given. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94311 C94311

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH CITY OF BALTIMORE: (No. 2641 Frederick Ave ST. 20 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A. Boblit

(Residence in Baltimore: No. 2545 Frederick Ave St.; 30 yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Mar (Month) 2 (Day), 1845 (Year)

7-AGE, 71 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Boblit

(Address) 2641 Frederick Ave

APR 17 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1916, to April 15 1916, that I saw her alive on April 14 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Senile Arterio sclerosis.
and Chronic Valvular Heart
Disease (Duration) One yr. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry Lee Chase M. D.

Apr. 15, 1916 (Address) 1203 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park | DATE OF BURIAL, April 18, 1916

20-UNDERTAKER George L Schroat & Bro | ADDRESS 710 Eutaw Ave

Important. See instructions on back of certificate.

C94312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 866 Raborg St.: 18 WARD) REGISTERED No. C 120

2-FULL NAME Mary A Saunders

(Residence in Baltimore: No. 866 Raborg St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Sept (Month) 1 (Day), 1883 (Year)

7-AGE, 32 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Jas H. Saunders

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mary E Augustus

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Lenz

(Address) 2312 Stockton St

15- APR 13 M10 HARRY C. ARMSTRONG

Filed....., 191..... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Jeffers M. D.
(Coroner.)

Apr 17, 1916 (Address) 24 E. W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 18 1916.

20-UNDERTAKER George W. Holland ADDRESS 517 Robert St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94313 C94313

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Pine ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Kleinart,

(Residence in Baltimore: No. 507 N. Pine St. St.: ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black.	Single

6-DATE OF BIRTH, 4 (Month) 16 (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 ds.	4 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Clarence Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Kleinart.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kleinart

(Address) 507 N. Pine St

15- APR 18 1916 Filed....., 191.... HARRY C. APPLEWHITE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 16 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-16 1916, to 4-16 1916, that I saw her alive on 4-16 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

(a) Congenital Atelectasis

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Charles E. Vinup M. D.

4-16, 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	April 18 1916
20-UNDERTAKER Daniel Easton	ADDRESS 915 Pine

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bkn.

C94314

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94314

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1403 Sheldrake St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret G. Dixon

(Residence in Baltimore: No. 1403 Sheldrake Alley St.; ....yrs., 3 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Jan 18, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 3 mos. .....ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baeto.

PARENTS.

10-NAME OF FATHER, John T. Dixon

11-BIRTHPLACE OF FATHER (State or Country), Baeto.

12-MAIDEN NAME OF MOTHER Clara Lauer

13-BIRTHPLACE OF MOTHER (State or Country), Wash D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Dixon

(Address) 1403 Sheldrake alley

15- APR 18 1916
Filed....., 191....

MARY E. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Apl. 16th 1916, to ~~Only~~ ~~191~~, that I saw her alive on April 16th 1916 and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Instantaneous Convulsions
(Probable)
(Cause Unknown)
J. Frederick Hembel M.D. 3 hours
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Silas Bacteria M. D.

Apl. 17th 1916 (Address) 700 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	April 18, 1916.
20-UNDERTAKER Daniel Easton	ADDRESS 916 Eutaw

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

94315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1792 94315

1-PLACE OF DEATH Nursery & Child's Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. Frankfurt & Schroeder 18 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard M. DeBus.

(Residence in Baltimore: No. No Usual St.; ....yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH. Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE. About 13 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country) Not known

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp.

(Address) Frankfurt & Schroeder

15- APR 18 1916 Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Mar 16, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 24 1916, to Apr 16 1916, that I saw h last alive on Apr 16 1916, and that death occurred, on the date stated above, at 8 20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) General physical debility with mental impairment

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. Grant Macdonald M. D.

Apl 17, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Nursery & Childs Hospital

Former or usual residence Govans Mills Balto Co.

PLACE OF BURIAL OR REMOVAL, Pleasant Hill Cem Reisterstown Md

DATE OF BURIAL, Apl 18, 1916

20-UNDERTAKER George J Smith

ADDRESS 1000 N Fayette St

Important. See instructions on back of certificate.

94316 94316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy) Hospital St., 9 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander H. Fields
(Residence in Baltimore: No. 2821 Fisby) St.
St.; —yrs., 71 mos. 8 ds. 14

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, August (Month) 2 (Day), 1844 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 8 mos. 14 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass finisher.
(b) General nature of industry, business, or establishment in which employed (or employer): 32

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER, James Fields
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Mary Harper
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary V. Fields
(Address) 2821 Fisby St.

15-
Filed APR 18 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
accident - struck by electric car.
Fracture arm & leg.

(Duration) ....yrs. ....mos. 1/4 ds.

CONTRIBUTORY (Secondary) ~~Fracture~~ Acute nephritis.

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hy. L. Chaumbar M. D. (Coroner.)
April 17, 191.6 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1/4 ds. In the State Life ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 2821 Fisby St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	April 20 1916.
20-UNDERTAKER Wm Cook.	ADDRESS 502 North St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94317

C94317

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N Franklin ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Murray

(Residence in Baltimore: No. 646 N Franklin St.; 59 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, March 18, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jacob Weil

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Murray

(Address) 646 Franklin St.

15- APR 18 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to April 16 1916, that I saw her alive on April 16 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Myer S. Weinberg M. D.

April 18, 1916. (Address) 1814 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Apr. 20, 1916

20-UNDERTAKER John Howard Sons

ADDRESS 90 Hallis St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94318

C94318

CERTIFICATE OF DEATH.

8 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fiedler.

(Residence in Baltimore: No. 2618 Francis St.; 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown 1854
(Month) (Day) (Year)

7-AGE, 61 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 655

9-BIRTHPLACE, (State or Country), City (Balto)

PARENTS.

10-NAME OF FATHER, Henry Fiedler

11-BIRTHPLACE OF FATHER (State or Country), Germ

12-MAIDEN NAME OF MOTHER Mary Bishop

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fiedler

(Address) 2618 Francis St

15- Filed APR 18 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to April 17 1916, that I saw him alive on April 17 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Broncho Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) 1 yrs. mos. ds.

(Signed) Geo. A. Shaw M. D.

4/17, 191.6 (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 S! ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2618 Francis St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, April 19 191..

20-UNDERTAKER John J. Cowan ADDRESS [illegible]

important. See instructions on back of certificate.

94319

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 94319

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 26 Wheeler ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Turner

(Residence in Baltimore: No. 26 Wheeler ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH: March X 1846 (Month) (Day) (Year)

7-AGE: about 70 years ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Brick layer
(b) General nature of industry, business, or establishment in which employed (or employer): 214

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Roland Turner

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Broll

(Address) 26 Wheeler Ave

15- Filed APR 18 1916, 191

HARRY C ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1916, to, April 16th, 1916, that I saw him alive on April 16th, 1916, and that death occurred, on the date stated above, at 7.08 P m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Carcinoma - of Stomach

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), E. S. Blower M. D.

April 17th, 1916 [Address] 1224 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	April 19th, 191 6
20-UNDERTAKER	ADDRESS
G. Bernard Oliver	723 Whitelock

TION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94320 120 C94320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 John ST.: 14 WARD)

2-FULL NAME Mary Adelaide McGerry

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1529 John St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 14th (Day), 1847 (Year)

7-AGE, 69 yrs. 3 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles McGerry

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rt. Rev. Mgr. E. Starr

(Address) Lafayette & Mt. Royal Ave

15- Filed APR 18 1916, 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1913, to April 16th 1916, that I saw her alive on April 16th 1916, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. H. Wm Md M. D.
Apr. 18th, 191 6 (Address) 701 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Apr 19th, 191 6

20-UNDERTAKER W. M. Gauthrop — ADDRESS 624 N. Mt. ~~Royal Ave~~

Important. See instructions on back of certificate.

C94321

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C94321

1-PLACE OF DEATH

Registered No. C .....

City of Baltimore (No. 1937 Harlem Ave St. 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Dorothy Hunter

(Residence in Baltimore: No. 1937 Harlem Ave St. 68 yrs. 0 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH March 31, 1848
(Month) (Day) (Year)

7-AGE 68 yrs. 0 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Henry Hoffman

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Mary Stoll

13-BIRTHPLACE OF MOTHER (State or country) Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice K. Hunter

(Address) 1937 Harlem Ave.

15. Filed APR 18 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 17, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1916, to, Apr 17 1916, that I saw h-- alive on Apr 16, 1916, and that death occurred, on the date stated above, at 6.15A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) Theo A Schaefer M. D.

Apr 17, 1916 (Address) 2505 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Old St Paul's Luth Cemetery	Apr 19, 1916

20-UNDERTAKER	ADDRESS
Wm G. Rohde & Son	730 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94322

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94322

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 16 E. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary L. Townsend

(Residence in Baltimore: No. 16 E. Preston St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, October 14, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 6 mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Prince George's Co. Md

PARENTS.

10-NAME OF FATHER, W. W. Tobey.

11-BIRTHPLACE OF FATHER (State or Country), Prince Georges Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth A. Haynes.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. T. Douglas

(Address) 16 E. Preston St.

15- APR 18 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1916, to April 17 1916, that I saw her alive on April 16 1916, and that death occurred, on the date stated above, at 5 1 m.

The CAUSE OF DEATH* was as follows:

Chronic Duodenal Ulcer

Barbados (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 20 yrs. ..... mos. ..... ds.

(Signed) W. W. Hayward M. D.

....., 191... (Address) 205 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 4-19....., 1916

20-UNDERTAKER H. W. Jenkins & Son Co — ADDRESS Orchard Inc Cullon

Important. See instructions on back of certificate.

C94323

HEALTH DEPARTMENT—CITY OF BALTIMORE 91

CERTIFICATE OF DEATH.

C94323

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1115 N. Carey street, ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Guider,

(Residence in Baltimore: No. 1115 N. Carey street, St.; yrs., 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, September (Month) 27th (Day), 1915. (Year)

7-AGE, 0 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Alfred Guider,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Anna Dare,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Guider, mother,

(Address) 1115 N. Carey street.

15- Filed APR 18 1916, 191.... HARRY C. ARBELEWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia,
(Non sequelum exanthemae)
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration) .....yrs.....mos.....ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

April 18 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Apr 19, 1916

20-UNDERTAKER Clarence E. Wright

ADDRESS 314 N. Mary

Important. See instructions on back of certificate. Be sure to fill in all items, as that may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

C94324 C94324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x126

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lycurgus D. McElhorter

(Residence in Baltimore: No. St. Joseph's Hosp St.; ... yrs., ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1854 (Year)

7-AGE, 62 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Bowling Salesman (b) General nature of industry, business, or establishment in which employed (or employer): (Store)

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, John M. McElhorter

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Maude Hall

(Address) Buckhannon W Va

15- Filed APR 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18 (Month) (Day), 1916. (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 30 1916, to Apr. 18 1916, that I saw h[illegible] alive on Apr. 18 1916, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia Dy 7

Prostate Enlarged ?

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Septic Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

(Signed) C. A. Cliff M. D.

Apr. 18, 1916. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 19 ds. In the State ... yrs. ... mos. 19 ds.

Where was disease contracted, if not at place of death? Buckhannon W Va

Former or usual residence Buckhannon W. Va

19-PLACE OF BURIAL OR REMOVAL, Buckhannon W. Va — DATE OF BURIAL, Apr. 18, 191...

20-UNDERTAKER Chas F. Coates & Son — ADDRESS 1180 Mt Royal Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94325

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C94325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sagamore Apt ST.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Koshland

(Residence in Baltimore: No. Lakeview Ave & Lake drive St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 27th, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired 6/17
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale druggist

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, Abraham Koshland

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bertha Offenhauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Koshland

(Address) Sagamore Apt

15- APR 18 1916 Filed....., 191..... HARRY C. ANDREWS Registrar. Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to April 17 1916, that I saw h- alive on April 17 1916 and that death occurred, on the date stated above, at 845P m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of stomach and liver

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J Fridenwald Lee M. D.

4/17, 191.. (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, Apl 19, 1916

20-UNDERTAKER David Sonneborn — ADDRESS 118 N Mar[illegible]

Important. See instructions on back of certificate.

Spec.—6-12-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94325

CERTIFICATE OF DEATH.

79

C94326

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Clifton Ave ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Sullivan

Residence in Baltimore: No. 1821 Clifton Ave St. 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 4, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe-maker
(b) General nature of industry, business, or establishment in which employed (or employer): 471

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Flaw

(Address) 1915 N. Wilmot St

15- APR 18 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 14 1916, that I saw him alive on April 14 1916, and that death occurred, on the date stated above, at 1130 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Quinn M. D.

April 16, 1916. (Address) 1507 N. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. | DATE OF BURIAL, Apr 18, 191.6

20-UNDERTAKER E. M. Fahey & Sons | ADDRESS 606 Fayette

Important. See instructions on back of certificate.

Spec.—5-18-13—M. & T.—500 Bks.

C94327

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94327

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2338 Penna Ave ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy M. Van Fleet

(Residence in Baltimore: No. 2338 Penna Ave St.; ....yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, Nov 21st, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Charles E Van Fleet

11-BIRTHPLACE OF FATHER (State or Country), D. C

12-MAIDEN NAME OF MOTHER Ella V Blanchard

13-BIRTHPLACE OF MOTHER (State or Country), D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E Van Fleet

(Address) 2338 Penna Ave

15-

APR 18 1916 Filed....., 191.... HARRY C. ARTHURS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apl 17 1916, to Apl 17 1916, that I saw h[illegible] alive on Apl 17 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Could not ascertain any cause for
Acute Nephritis (Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Uraemia
(Duration) ....yrs. ....mos. 1 ds.

(Signed) O. N. Duvall M. D.

April, 191.6 (Address) 1817 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westernlem	Apr 19, 191.6
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94328 C94328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens' Hospl ST.: 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth L Bancemer

(Residence in Baltimore: No. Womens Hospl St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 4, 1840.
(Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Talcomer

(Address) 1630 Bolton St

15- HARRY C. ANDREWS

APR 18 1916 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18", 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17" 1916, to April 18" 1916, that I saw h[illegible] alive on April 17" 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

1st Myocardial Insufficiency

(Duration) Leucaemia 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lymphatic Leucaemia

(Duration) 8 yrs. mos. ds.

(Signed) C F Robinson M. D.

April 18, 1916 (Address) 141 E North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State 76 yrs. 3 mos. 14 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Roland Park Md

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemet.

DATE OF BURIAL, April 20, 1916

20-UNDERTAKER Stewart & Mowen Co

ADDRESS 108 W North

Important. See instructions on back of certificate.

C94329

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

C94329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 717 George street, ST.: 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Garrett,

(Residence in Baltimore: No. 717 George street, St.: -yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Married,

6-DATE OF BIRTH, May (Month) 23d (Day), 1870. (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 10 mos. 23 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, William Booth,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Elizabeth Franklin,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Miller, daughter,

(Address) 717 George street.

15- Filed APR 18 1916 19.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 15th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Valvular heart disease,
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(Duration) 3 mos. ...ds.

(Signed) J. Frederick Kempel M. D.
(Coroner)

April 15 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....dr. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, 4/17, 1916

20-UNDERTAKER Samuel Hamsley ADDRESS 534 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—B 24-14—M. & T.—2000 Blks.

C94330

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94330

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 W Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Lobie

(Residence in Baltimore: No. 538 W. Preston St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... 1853 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos. Lobie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Millie Wood

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Dorsett

(Address) 538 W. Preston St

15-

Filed APR 18 1916, 191.....

HARRY C. BLUME
Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915 to April 17th 1916, that I saw h.. alive on April 10th 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Paresis

Interstitial (Duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Syphilis contributory (Duration) ... yrs. 1 mos. ds.

(Signed) A. Lee Ellis M. D.

4/18, 1916, (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Maryland Cemetery — DATE OF BURIAL, 4/20, 1916

20-UNDERTAKER Samuel L. Kemsley — ADDRESS 518 W Baltimore St

Spec.—5-19-13—M. & T.—500 Bks.

C94331 C94331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3448 Vincent, St.; 19 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Jerome Gamble.

(Residence in Baltimore: No. 3448 Vincent St.; 1 yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 13 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: died.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Benjamin Gamble.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Rodelsing

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Jerome Gamble.

(Address) 3448 Vincent St.

15- HARRY C. ANDREWS

Filed APR 18 1916, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 17 1916, that I saw h— alive on April 15 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:—

Bronchopneumonia

Jaundice

(Duration) 1 yrs. 11 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Raymond F. Turner M. D.

April 17, 1916 (Address) 847 Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, April 19, 1916

20-UNDERTAKER J. & A. Cook ADDRESS 1003 West Baltimore St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94332

CERTIFICATE OF DEATH.

120 C94332

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Henry Jones

(Residence in Baltimore: No. 929 Columbia ave St.; 64 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Sept 9, 1851
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 7 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer ? ?
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat retired

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Robert Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Sheldon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Husband

(Address) 92 Columbia Ave

15- APR 18 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 17 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Nephritis (Duration) 0 yrs. mos. 3 ds.

(Signed) Mrs. J. F. Blount M. D.

April 17, 191 6 (Address) 110 S. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cem.	April 20, 1916

20-UNDERTAKER	ADDRESS
J. B. Cook	1083 W. Baltimore St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94333

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94333

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~87~~ 525 Gold ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Mears (Mears)

(Residence in Baltimore: No. 525 Gold St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, July (Month) 4 (Day), 1857 (Year)

7-AGE, 58 yrs. 9 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Benjamin Mears

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Cloridy Chandler

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hall

(Address) 525 Gold St

15- APR 18 1916 Filed, 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 17 1916, that I saw him alive on April 16 1916, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm H. Magruder M. D.

April 17, 1916 (Address) 1209 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Apr. 19, 1916

20-UNDERTAKER John H Owen — ADDRESS 1227 Druid

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94334 C94334

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Hlute St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jackson

Residence in Baltimore: No. 1936 Hlute St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	colored	Married

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1882 (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 1 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jackson

(Address) 1936 Hlute

15- HARRY C. ANDREWS

Filed APR 18 1916, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 31 1916, to Apr 16 1916, that I saw h— alive on Apr 14— 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Peace M. D.

Apr 18, 1916. (Address) 2405 Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont Auburn	Apl. 18, 1916.
20-UNDERTAKER	ADDRESS
John H Owen	1121 Druid

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94335 C94335

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. S.E. Cor Paca & Greene ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Fischer

(Residence in Baltimore: No. 437 S. S.E. Cor Paca & Greene St.; 64 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 23 (Day), 1838 (Year)

7-AGE, 77 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Fischer

(Address) 443 N. Kenwood Ave

15-

Filed ....., 191....

HARRY. C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20 1916, to Apr. 17 1916, that I saw h er alive on April 8 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

.....

.....

..... (Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

..... (Duration) 2 yrs. ... mos. ... ds.

(Signed) J. M. Dellett M. D.

Apr. 17, 1916. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, April 20, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94336

C94336

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winfred Wilson

(Residence in Baltimore: No. 447 Pinkney Place St.; ..... yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 16, 1915.
(Month) (Day) (Year)

7-AGE, — yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Winfred Wilson

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Anne Emory

12-BIRTHPLACE OF MOTHER (State or Country), Raleigh N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- APR 18 1916 HARRY C. ADELMAN Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1916, to April 18 1916, that I saw h.er alive on April 18 1916, and that death occurred, on the date stated above, at 4 55 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Miliary, Acute

..... (Duration) ? yrs. ? mos. 3 ds.

CONTRIBUTORY (Secondary) Meningitis, Tuberculous

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Gilbert W. Pearson M. D.

April 18, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 447 Pinkney Place

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 23 1916.
20-UNDERTAKER Wm Cook	ADDRESS 502 North St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94337 HEALTH DEPARTMENT—CITY OF BALTIMORE C94337

CERTIFICATE OF DEATH. 172

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Provincial Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pascoast. -

(Residence in Baltimore: No. 5 E. Cross St. St.; ..... yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, July 13, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Babe
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Pascoast

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Emma Hubbard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Pascoast

(Address) 5 E. Cross St.

15- APR 18 1916 HARRY C. ANDREWS.

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1916, to April 17 1916, that I saw h[illegible] alive on April 17 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Accidental Fall out of High chair 1/4
Cerebral Hemorrhage 4/20

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions. -

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Owen V. Tinchant M. D.

April 17, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 5 E. Cross St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. A.A. Co.	April 19, 1916
20-UNDERTAKER	ADDRESS
Hurst & Evans & Son	421 N. Charles

Important. See instructions on back of certificate.

C94338

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94338

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1011 N. Charles St. ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Franklin Pope,

(Residence in Baltimore: No. 1011 N. Charles St., St.: 82 yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word): Married

6-DATE OF BIRTH: August 20, 1833 (Month) (Day) (Year)

7-AGE: 82 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: David S. Pope

11-BIRTHPLACE OF FATHER (State or country): Mass.

12-MAIDEN NAME OF MOTHER: Sarah Riley

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J.W.Lord,

(Address) 1011 N. Charles St.,

15. Filed APR 18 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr 16 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr, 1915, to Apr 16 1916, that I saw h Lu alive on Apr 15th, 1916, and that death occurred, on the date stated above, at 8 9 m.
The CAUSE OF DEATH* was as follows:

Myocarditis
Frank Failure

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank Lynn Pope M. D.

Apr 17. 1916 (Address) 525 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Friends Cemetery

DATE OF BURIAL: April 19, 1916

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave.,

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94339 C94339

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Carey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jane Frey

(Residence in Baltimore: No. 510 N. Carey St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 24, 1840 (Month) (Day) (Year)

7-AGE, 75 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Jane Wilson

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Frey Stritehoff

(Address) 510 N. Carey St

15- Filed APR 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 16 1916, that I saw h[illegible] alive on April 16 - 1916, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) W. F. Kerr M. D.

April 18, 1916 (Address) 115 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	April 19 1916.
20-UNDERTAKER	ADDRESS
Armstrong Denny Co	715 Light St

Important. See instructions on back of certificate.

C94340 C94340

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 807 S. Broadway WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Duffy

(Residence in Baltimore: No. 807 S. Broadway St.; 23 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 9 1876 (Month) (Day) (Year)

7-AGE: 39 yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Joseph Riley

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Malley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Duffy

(Address) 807 S. Broadway

15- HARRY C. ANDREWS

Filed APR 12 1916 191... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 4 (Month) 15 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-14, 1914, to, 4-14 1916, that I saw h[er] alive on 4-14 1916, and that death occurred, on the date stated above, at 4:10 m.

The CAUSE OF DEATH* was as follows:

Cancer

Surgical operations (Duration) Back yrs ... mos. 14 ds.

Contributory (SECONDARY) Sarcoma (Metastasis) (Duration) 3 yrs ... mos. ... ds.

(Signed), E Gatch M. D.

4-16 1916 [Address] 111 S Bolton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 17 1916

20-UNDERTAKER: Ralph J. Turner ADDRESS: 1442 N. Bway

TION is very important. See instructions on back of certific

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94341 C94341

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1711 Lancaster ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Stromer

(Residence in Baltimore: No. 1711 Lancaster St.: yrs. mos. da.)

Lifetime

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 16 (Day), 1858. (Year)

7-AGE, 57 yrs. 9 mos. 30 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md (Balto City)

PARENTS.

10-NAME OF FATHER, John Stromer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barbara Stromer

(Address) 577 S. Port

15- APR 18 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 17 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chron. Valvular Heart disease

..... (Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....da.

(Signed) Wm. R. Savage M. D. (Coroner.)

Apr. 18, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	April 20, 1916
20-UNDERTAKER	ADDRESS
Peter Riccaus	2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

94342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C94342

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miranda E. Pearce

(Residence in Baltimore: No. 2716 Dillon St.; 69 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	married

6-DATE OF BIRTH, May 20, 1847
(Month) (Day) (Year)

7-AGE, 57 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, John Burgen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Henrietta Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Pearce

(Address) 2716 Dillon St

15-
Filed APR 18 1916, 191.. ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 16 1916, that I saw her alive on April 16 1916, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
unknown
(Duration) ....yrs. ....mos. ....dys.

CONTRIBUTORY (Secondary) Gangrene of foot
(Duration) ....yrs. 1 mos. ....ds.

(Signed) M. J. McAvoy M. D.

April 17, 1916. (Address) 839 S. Edwood St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Burgan Estate Edgewood Cem Balto Co Md	April 19, 1916
20-UNDERTAKER H. Sanders & Sons	ADDRESS 1210 Eutaw St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94343 80 C94343

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 N Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Boyd

(Residence in Baltimore: No. 339 N Mulberry St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, May 28, 1833
(Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Co Md.

PARENTS.

10-NAME OF FATHER, W. H. Thompson

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co Md

12-MAIDEN NAME OF MOTHER — Shorrie

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward J. Fanning

(Address) 1460 Battery Ave

15- Filed APR 18 1916 ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1916, to April 17 1916, that I saw her alive on April 13. 1916, and that death occurred, on the date stated above, at 9. a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.

Angina Pectoris

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism & Heart

(Duration) yrs. 2 mos. ds.

(Signed) B Wilson M. D.

April 17, 1916. (Address) 1735 McElderry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Park Cem. DATE OF BURIAL, April 19, 1916

20-UNDERTAKER Edward J. Fanning ADDRESS 1460 Battery Ave

Important. See instructions on back of certificate.

C94341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C94341

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ecley Baker

(Residence in Baltimore: No. 2044 Orleans St.; 52 yrs. 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Jan (Month) 14 (Day) 1864 (Year)

7-AGE 52 yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Greenbury Wilson

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Kate. Baker

(Address) 2044 Orleans

15- Filed APR 18 1916 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to, April 16 1916, that I saw h-im alive on April 16 1916 and that death occurred, on the date stated above, at 12 5/7 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward L. Cook M. D.

4/18 1916 [Address] 413 N. Washington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer — DATE OF BURIAL April 19 1916

20-UNDERTAKER Philip Hervig — ADDRESS 2016 Orleans

That it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94345 C94345

CERTIFICATE OF DEATH.

93

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1716 Wilkins ave St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Frothingham

(Residence in Baltimore: No. 1716 Wilkins ave St.; ....yrs....mos. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 18 (Day), 1916 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, —— Peters

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Jane Hess

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas R Frothingham

(Address) 1716 Wilkins Ave

15- Filed APR 18 1916 ROBERT , KRAUTER, Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1916, to April 17 1916, that I saw her alive on April 17 1916, and that death occurred, on the date stated above, at 12 10 a. m.

The CAUSE OF DEATH* was as follows:

Empyema

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pleurisis with Effusion

(Duration) 1 yrs. 6 mos. 19 ds.

(Signed) W. G. Smith M. D.

April 18, 1916 (Address) 11 E Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridg. DATE OF BURIAL, Apr 20, 1916

20-UNDERTAKER H S Marshall ADDRESS 2539 Poll Rd

Important. See instructions on back of certificate.

S[illegible]—8-24-14—M. & T.—2000 Bks.

Mary E. Roppelt.

94346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C94346

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Port ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Mary E Roppelt

(Residence in Baltimore: No. 619 N. Port St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 18, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm F. Roppelt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Roppelt

(Address) 619 N. Port St

15- APR 18 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18 16, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw her alive on Apl. 18 1916,
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Atelectasis
Neonatorum

(Duration) ½ hour yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Adolph L. Eisenberg M. D.

April 18, 1916. (Address) 2201 N. Penna. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Apl. 19, 1916.

20-UNDERTAKER Christian Miller ADDRESS 1330 Jefferson

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(94347

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(94347

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Ridgely ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dept of Dairy & Midgt Serves.

(Residence in Baltimore: No. 1326 Ridgely St St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 17 (Day), 1916 (Year)

7-AGE, ...yrs.....mos.....da.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Sowers.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Margaret McK

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Sowers

(Address) 1326 Ridgely St

15- APR 18 1916 Filed....., 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191..., to ....., 191..., that I saw h... alive on April 17th 1916, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Premature Birth

6 months

(Duration).....yrs.....mos.....da.

CONTRIBUTORY (Secondary) Weakness

(Duration).....yrs.....mos.....da.

(Signed) Stephen A Draim M. D.

April 17, 1916. (Address) 127 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, 4-19, 1916.

20-UNDERTAKER H. C. Brauning Son

ADDRESS 617 N. Schroeder St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94348 6 C94348

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Cuta ST.; 2d WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mytle Genevieve Edwards

(Residence in Baltimore: No. 1631 Cuta St.; 1 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 31 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 18 ds.

If LESS than 1 day. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Frank Edwards

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Marie Agnes Curry

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank

(Address) 1570 Fort.

15- Filed APR 18 1916, 191... ROBERT, KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4 - 17 1916, to 4 - 18 1916, that I saw h e z alive on 4 - 17 - 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ... yrs. ... mos. 2 da.

CONTRIBUTORY (Secondary) Measles

(Duration) ... yrs. ... mos. 5 da.

(Signed) A. Pfeil M. D.

4-18-, 1916 (Address) 1570 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, April 19, 1916

20-UNDERTAKER M. D. Flynn — ADDRESS 1425 Light St

Important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Bks.

C94349

HEALTH DEPARTMENT—CITY OF BALTIMORE

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CERTIFICATE OF DEATH.

C94349

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Riverside Ave ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Jas Leroy Finan

(Residence in Baltimore: No. 1224 Riverside Ave St.; ....yrs., 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 28, 1914.
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Leo A. Finan

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Lula T. Kerb

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo A. Finan

(Address) 1224 Riverside Ave

15- Filed APR 18 1916, 191.. ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1916, to Apr. 17 1916, that I saw him alive on Apr. 13 1916, and that death occurred, on the date stated above, at 10.-0 m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) O.B. Towles M. D.

Apr. 18, 1916 (Address) 1432 W. Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery. DATE OF BURIAL, April 19 1916.

20-UNDERTAKER H. & M.D. Flynn ADDRESS 1455 Light St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94350 × 41 C94350

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 4 WARD)

2-FULL NAME Pennington T. Bennett

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 20, 1868.
(Month) (Day) (Year)

7-AGE, 47 yrs. 5 mos. 28 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Genl Mdse

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John H. Bennett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Lowdnes

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. H. Veer

(Address) Sykesville Md

15 APR 19 1916 HARRY C. ANDREWS
Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 3 1916, to Apr 18 1916, that I saw h[im] alive on Apr 18 1916, and that death occurred, on the date stated above, at 11:00 P m.

The CAUSE OF DEATH* was as follows:

Tumor of Colon

Operation Feb 3 1916.

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Obstruction

(Duration) 3 yrs. mos. ds.

(Signed) Edgar A. C. Smith M. D.

Apr 19, 1916. (Address) Mercy Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State 47 yrs. 5 mos. ....ds.

Where was disease contracted, if not at place of death? Sykesville, Md.

Former or usual residence Sykesville Md

19-PLACE OF BURIAL, OR REMOVAL Sykesville Md. DATE OF BURIAL, Apr 20 1916

20-UNDERTAKER Jas. R. Veer ADDRESS Sykesville Md

important. See instructions on back of certificate.

C94351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C94351

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2800 Boston St ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martino Krause

(Residence in Baltimore: No. 2800 Boston St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... 463

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Hildebrandt

(Address) 6 Donnell Pl & Front St

15-

FILED APR 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Moses W. Straus M. D.
(Coroner.)

April 18 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem.

DATE OF BURIAL, April 19 1916

20-UNDERTAKER Tilly & Zirkin

ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94352

CERTIFICATE OF DEATH.

91 C94352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E. Lanvard ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sussie Adalman

(Residence in Baltimore: No. 1614 E. Lanvard St.; 11 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day) , 1896 (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Solomon Schuster

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15- APR 19 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th (Month) (Day) , 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 18 1916, that I saw h.er alive on April 18 1916, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

Lobular

..... (Duration).....yrs.....mos.....1.ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) W. B. Dellinger M. D.

April 19, 1916 (Address) 56 Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Rosedale	4-20, 1916.
20-UNDERTAKER Jack Lewis	ADDRESS 1411 Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C94353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Richardson

(Residence in Baltimore: No. 623 Vine St. St.: 37 yrs., 0 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. Mar. 31, 1884
(Month) (Day) (Year)

7-AGE. 32 yrs. 0 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Sam Richardson

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Fannie ?

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- APR 19 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1916, to Apr. 17 1916, that I saw h.... alive on Apr. 17 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac

(Duration) 2 yrs. ..... mos. 1 ds.

(Signed) Edward Smith M. D.

Apr. 17, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? 633 Vine St.

Former or usual residence 633 Vine St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Apr 20 1916

20-UNDERTAKER Samuel Hensley ADDRESS 578 W Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94354

CERTIFICATE OF DEATH.

47

C94354

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Penna. Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Wilson

(Residence in Baltimore: No. 1102 Penna Ave. St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, Unknown ....., 1864
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
52 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter 2+3
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cement work

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wilson W. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Reeder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml Wilson

(Address) 1102 Penna Ave

15- APR 19 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 17 1916, that I saw h-- alive on April 17 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) 9 yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(Duration) 4 yrs. 4 mos. 12 ds.

(Signed) Jno. G. Ottiger M. D.

April 17, 191.6. (Address) 2062 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	April 20 1916
20-UNDERTAKER Felix B Pope	ADDRESS 1028 Mulberry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94355 (94355

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802½ Hanover. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Baer

(Residence in Baltimore: No. 1802½ Hanover. St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White.	Married

6-DATE OF BIRTH, April 14, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 0 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Baer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Baer

(Address) 1809½ Hanover St.

15- APR 19 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 17 1916, that I saw h alive on April 17 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as followa:

Chronic Nephritis

Indigestion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration)...yrs.....mos.6.....ds.

(Signed) R E K Campbell M. D.

April 18 1916 (Address) 1624 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem	April 20, 1916
20-UNDERTAKER	ADDRESS
E & B Hasle	115 E Madison

Important. See instructions on back of certificate.

C91356

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91356

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 780 Sarah Ann St.: 4 Ward)

2-FULL NAME Helen E Stevens

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 780 Sarah Ann St.; yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word): Single

6-DATE OF BIRTH: Dec 29, 1915 (Month) (Day) (Year)

7-AGE: ....yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Joseph Stevens

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Martha Herbert

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Stevens

(Address) 780 Sarah Ann

15- APR 19 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and from the evidence obtained by said autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. Potter M. D.
(Coroner)

Apr. 19 1916 (Address) 24 W 76th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Woodlawn — DATE OF BURIAL: April 20, 1916

20-UNDERTAKER: Wm. H. Chase Sons — ADDRESS: 1400 Mosher St

Important. See instructions on back of certificate.

94357 HEALTH DEPARTMENT—CITY OF BALTIMORE 94357

CERTIFICATE OF DEATH. 157

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 259 S. Ann ST.: W WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Burmeister

(Residence in Baltimore: No. 259 S. Ann St.; yrs., 41 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1874 (Year)

7-AGE, 41 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md. Balto. City

PARENTS.

10-NAME OF FATHER, Fred Burmeister

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mukuden

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Burmeister

(Address) 265 Eastern Ave

15- Filed APR 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Wm. H. Savage M. D. (Coroner.)

Apr. 18, 1916. (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	April 19 1916
20-UNDERTAKER	ADDRESS
H. Sander Sons	17 W. Lee St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94358

HEALTH DEPARTMENT---CITY OF BALTIMORE

C94358

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 215 N. Fulton ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W Stoll

(Residence in Baltimore: No. 215 N Fulton ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Feb (Month) 13 (Day), 1869 (Year)

7-AGE 47 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland City

PARENTS

10-NAME OF FATHER Frank Stoll

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Stoll

(Address) 215 N Fulton ave

APR 19 1916 Filed ....., 191.....

HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1, 1916, to, April 17 1916, that I saw him alive on April 17 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Stomach)
Clinical Diagnosis + Operation

(Duration) yrs 3 mos ds.

Contributory (SECONDARY) Cardiac asthenia

(Duration) yrs mos 3 ds.

(Signed) Wm E Burgard M. D.

April 17, 1916 [Address] 210 N Fulton ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Lancaster Pa — DATE OF BURIAL April 19, 1916

20-UNDERTAKER Josiah Sypher — ADDRESS 1606 W Fayette

That it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94359

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94359

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 3038 Greenmount ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Edward Ehart

(Residence in Baltimore: No. 3038 Greenmount Ave St.; ..... yrs. ..... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH March 29, 1916
(Month) (Day) (Year)

7-AGE ..... yrs. ..... mos. 21 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md City

PARENTS

10-NAME OF FATHER August Ehart

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Gertrude Wilhelm

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E M Ehart

(Address) 2435 Maryland Ave

15. Filed APR 19 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 19, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 19 1916, that I saw h~~im~~ alive on April 19 1916, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo M Ehart M.D.

April 19, 1916 (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimor Cemtery	4/19, 1916

20-UNDERTAKER	ADDRESS
William Cook	502 E Natt

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Succ.—8-24-14—M. & T.—2000 Bks.

C94360

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94360

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 141 Jackson Place ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Nichols

(Residence in Baltimore: No. 141 Jackson Place St.; 1 yrs., 9 mos. 3? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Frank N. Nichols

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mamie Glaser

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank N. Nichols

(Address) 141 Jackson Place

15-

Filed APR 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1916, to Apr 18 1916, that I saw h.... alive on Apr 18 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Sunday (Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pul. Edema

..... (Duration).....yrs.....mos.....ds.

(Signed) L. J. Riley M. D.

Apr. 19, 191.6. (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Apr. 19, 1916
20-UNDERTAKER	**ADDRESS**
William Cook	662 E North Ave

important. See instructions on back of certificate.

C94361

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94361

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 S Green ST. 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Buck

(Residence in Baltimore: No. 809 S Green St ... St. 1 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Feb (Month) ..... 6 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Un Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Annie Buck

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Buck

(Address) 809 S Green

15- HARRY C. ANDREWS

Filed APR 19 1916, 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquiry found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) 566

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

4 / 18, 1916 (Address) 517 n Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	April 19, 1916

20-UNDERTAKER	ADDRESS
L L Brown & Son	108 W. Monto St

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94362

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94362

CERTIFICATE OF DEATH

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 402 West Cross ST. 21 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Ferguson

(Residence in Baltimore: No. 402 W. Cross St.: 1 yrs. 6 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October 5, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 6 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland (City)

PARENTS

10-NAME OF FATHER: Robert Ferguson

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Betty Banister

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Betty Ferguson

(Address) 402 W Cross St

15. APR 19 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1916, to April 17 1916, that I saw him alive on April 17, 1916, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. D. Buxton M. D.

4/19, 1916 (Address) 361 East Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: April 19, 1916

20-UNDERTAKER: J. P. Brown & Son — ADDRESS: 108 N. Monty St

Fill out all items. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94363

CERTIFICATE OF DEATH.

92 C94363

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Rybenski

(Residence in Baltimore: No. 708 S. Bond St.; ....yrs., 1 mos. 10 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, ... March (Month) 8 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wladyslaw Rybenski

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Ludwika Barnasz

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslaw Rybenski

(Address) 708 S. Bond St.

15- APR 19 1916 Filed....., 191... HARRY [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to April 18 1916, that I saw him alive on April 18 1916, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Gabel Pneumonia

..... (Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) .....yrs. .....mos. 10 ds.

(Signed) L. Emmanuel M. D.

April 18 1916 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Apr. 19, 1916

20-UNDERTAKER William Fialkowski ADDRESS 1618 Eastern Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94364 — 92 — C94364

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2128 Brunt St.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Tripps

(Residence in Baltimore: No. 2128 Brunt St.: Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH Sept 17, 1915 (Month) (Day) (Year)

7-AGE 1 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Beet city

PARENTS

10-NAME OF FATHER John Tripps

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Lucy Johnson

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Tripps

(Address) 703 E Green St

15. Filed APR 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 4 (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 191.6, to 4-17 191.6, that I saw h— alive on 4-15, 191.6, and that death occurred, on the date stated above, at 2P m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Mary E Cook Wills M. D.

4/17, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL April 19, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 60 Little Paca St

AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94365 120 C94365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Calloway & Forest Park aves ST.; 15 E. Conway WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Adolph Treffenberg

(Residence in Baltimore: No. Calloway & Forest Park Aves St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug 1 (Month) ..... (Day), 1825 (Year)

7-AGE, 90 yrs. 8 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Editor.
(b) General nature of industry, business, or establishment in which employed (or employer)..... N.Y. World

9-BIRTHPLACE, (State or Country), West Indies

PARENTS.

10-NAME OF FATHER, Charles L. Treffenberg

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry M. Buell

(Address) Calloway & Forest Park Aves

15- Filed APR 19 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit. Oliver

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1916, to April 18 1916, that I saw h.. alive on April 17 1916, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) .... yrs. .... mos. .... ds.

(Signed) Lucien B. Brown M. D.

April 19, 1916 (Address) 1017 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, April 20 191.6

20-UNDERTAKER, E. M. Mitchell & Co ADDRESS 120 N. Fayette

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94366 94366

1-PLACE OF DEATH 2279 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 47 E Montgomery ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Deckert

(Residence in Baltimore: No. 47 E Montgomery St.; 62 yrs., ... mos. ... ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 20, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Seick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Sundstack

(Address) 47 Montgomery

15- APR 19 1916 HARRY O. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1916, to April 18 1916, that I saw her alive on April 18 1916, and that death occurred, on the date stated above, at 1045 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

..... (Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Senile debility

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Hammon M. D.

April 19, 1916 (Address) 835 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, APR 20 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS APR 20 1916 715 Light

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94367 C94367

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Wilson

(Residence in Baltimore: No. 1208 N. Carey St.: 2 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1825.
(Month) (Day) (Year)

7-AGE, 91 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Pohle

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Heitman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Douglass

(Address) 1926 Orleans St

15-

Filed APR 19 1916 191.. HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1915. to April 18th 1916, that I saw h[illegible] alive on April 17th 1916, and that death occurred, on the date stated above, at 1, P. m.

The CAUSE OF DEATH* was as follows:
Chronic Parenkymatous
Nephritis
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. mos. ds.

(Signed) J. B. Schwatka M. D.
April 18th 1916. (Address) 822 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 3 mos. 16 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 238 N Carey St

19-PLACE OF BURIAL, OR REMOVAL, LOUDON PARK. DATE OF BURIAL, APR 20 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eight

Important. See instructions on back of certificate.

694368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

1-PLACE OF DEATH

REGISTERED No. C 94368

CITY OF BALTIMORE (No. St Josephs Hosp ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank ~~Henie~~ Nemec

(Residence in Baltimore: No. 2033 Fountain St.; yrs. 30 ~~mos.~~ ~~da.~~

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. About 54 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... Not Known

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Frank Nemec .....

(Address)..... 2316 East St .....

15- Filed APR 19 1916, 191. ROBERT . KRAUSER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accidental) Fall down Stairway

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) .....yrs.....mos.....ds.

(Signed) Elijah J. Russell M. D.
(Coroner.)

April 20th, 1916. (Address) 154 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	April 20, 1916
20-UNDERTAKER.	ADDRESS
Frank Enoch & Son	1216 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94368

CERTIFICATE OF DEATH.

78 C94368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Muniz (Memec)

(Residence in Baltimore: No. 2033 Fountain St Balto, Md. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Not Known, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer) not known

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Nemec

(Address) 2033 Fountain St

15- Filed APR 19 1916, 191... ROBERT, KRAUTER, Registrar. Municipal Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8 P.M. April 18 1916, to 8.20 P.M. April 18 1916, that I saw h in alive on April 18, 1916, and that death occurred, on the date stated above, at 8.20 P.m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) not known. yrs. mos. ds.

(Signed) Walter L. Henry M. D.

April 18, 1916. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State 20 min In the yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2033 Fountain St. Balto. Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, April 20, 1916.

20-UNDERTAKER Frank Enack & Son ADDRESS 1916 Aisquith

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Anna Meikosajn

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94369

64

C94369

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mikosajn

(Residence in Baltimore: No. 1019 N Castle St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day), 1850 (Year)

7-AGE 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Thomas Kovanda

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Rudy

(Address) 1019 N Eutaw St

15-

APR 19 1916

Filed....., 191... ROBERT , KRAUTER,

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11 1916, to April 18 1916, that I saw h[illegible] alive on April 17 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ... yrs. 6 mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

..... (Duration) ... yrs. ... mos. 2 ds.

(Signed) W. H. Kramer M. D.

April 18, 191. (Address) 2008 Oakland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 20, 1916

20-UNDERTAKER Fund Enoch & Son — ADDRESS 1916 Eastland Ave

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94370 C94370

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH St. Elizabeths Home

CITY OF BALTIMORE: (No. E. Paul St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Jessup

(Residence in Baltimore: No. St.; yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 19, 1916
(Month) (Day) (Year)

7-AGE, yrs. 7 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Lucy Jessup.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Elizabeths Home

(Address)

15- Filed APR 19 1916, 191.. ROBERT , BRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1916, to Apr 18 1916, that I saw h.. alive on 9.30 Apr 18 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 7 mos. 29 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 7 mos. 29 ds.

(Signed) Edwin E. Mayer M. D.

4/18/, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR 19 1916, 191..
20-UNDERTAKER Commissioner Health.	ADDRESS

Per Wm E. WOODALL

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C94371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S Castle St ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hahner

(Residence in Baltimore: No. 318 S Castle St St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, March (Month) 28 (Day), 1916 (Year)

7-AGE, yrs. mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Hahner

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Louise Keagle

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hahner

(Address) 318 S Castle St

15- Filed APR 19 1916, 191 HOBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) - 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-16-1916, to 4-18-1916, that I saw him alive on 4-18-1916, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 2 dy.

CONTRIBUTORY (Secondary) Catarrhal Ileo Colitis

(Duration) yrs. mos. 4 ds.

(Signed) J E Gateley M. D.

4-19-, 191 6 (Address) 111 S Bdway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Sacred Heart

DATE OF BURIAL. April 20 1916

20-UNDERTAKER Robert J Turner

ADDRESS 1742 Broadway

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94372 8 C94372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 604 S. Bond ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Sutton

(Residence in Baltimore: No. 604 S. Bond St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December (Month) 6 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
... yrs. 4 mos. 13 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, John Sutton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lena Germeten

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Sutton

(Address) 604 S. Bond

15- Filed APR 19 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. M. Stanger (Coroner) M. D.

Apr. 19, 191.6 (Address) 1729 Westwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 19 1916.

20-UNDERTAKER John A. Moran — ADDRESS Bond & Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94373 119 C94373

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N Duncan ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis C Veith

(Residence in Baltimore: No. 1839 N. Duncan St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 15, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Krauter Bros

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Veith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henrietta Lohr

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Veith

(Address) 1935 N Duncan St

15- Filed APR 19 1916, 191.. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1916, to April 18, 1916, that I saw h.. alive on April 18, 1916, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Cancer Hepatitis

(Duration) 1 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Cancer Pylorus

(Duration) 6 yrs. mos. ds.

(Signed) Robert E Lillard M. D.

April 18, 1916 (Address) 1419 E. George St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, April 20, 1916.

20-UNDERTAKER E. J. Fanning ADDRESS 1938 E Lafayette ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Christine L. Muntz

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94374

CERTIFICATE OF DEATH.

54

C94374

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Louise Muntz.

(Residence in Baltimore: No. 8 Johns Hopkins Hosp St.; ...yrs,...mos.3...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. 23, 1869.
(Month) (Day) (Year)

7-AGE, 47 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N.Y.

PARENTS.

10-NAME OF FATHER, Conrad Lewin

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Mary Drinkhauk

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps.

(Address) Johns Hopkins Hosp.

15- APR 19 1916 Filed....., 191.... ROBERT , KRAUSE, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 16 1916, to Apr. 19 1916, that I saw her alive on Apr. 19 1916, and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH* was as follows:

Primary Progressive Pernicious Anaemia

(Duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) John J. King Jr. M. D.

Apr. 19, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 867 Washington St. Buffalo, N.Y.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Buffalo, N.Y.	April 21 1916

20-UNDERTAKER E. V. Feldt ADDRESS 231 E. Penn

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94375

CERTIFICATE OF DEATH.

28 C94375

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Hillen ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah McGraw

(Residence in Baltimore: No. 1023 Hillen St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 6 (Day), 1895 (Year)

7-AGE, 20 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William McGraw

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Minnie Ottavaino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph McGraw

(Address) 2532 Eager Place

15- APR 19 1916 Filed....., 191.. ROBERT , KRAUTER, Registrar. Burial Permit Issued.

Dr Valentine 16 S Broadway

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to April 18 1916, that I saw h.. alive on April 18 1916, and that death occurred, on the date stated above, at 9.45a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Valentine M. D.

April 18, 191.. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 20, 191.6.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94376 C94376

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 McCulloh ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Boston

(Residence in Baltimore: No. 1920 McCulloh St.; 52 yrs., 0 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, March (Month) 30 (Day), 1864 (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 0 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress 835
(b) General nature of industry, business, or establishment in which employed (or employer): Own Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John W Locks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Marie Kennedis

13-BIRTHPLACE OF MOTHER (State or Country), Rio Janeiro S. A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie B. Woodland

(Address) 634 George St

15- APR 19 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 6th 1916, to April 17th 1916, that I saw her alive on April 14th 1916, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

(a) Pleurisy

(b) Bright's Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

April 18, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	April 20 1916
20-UNDERTAKER	ADDRESS
Thos J. Y. Locks	1302 Jefferson

Important. See instructions on back of certificate.

C94377

HEALTH DEPARTMENT--CITY OF BALTIMORE 120

CERTIFICATE OF DEATH

C94377

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 4005 Brookline Avenue, ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Langhammer,

(Residence in Baltimore: No. 4005 Brookline Avenue, St.; Fife yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male,	White,	Married,

6-DATE OF BIRTH November 17th, 1856.
(Month) (Day) (Year)

7-AGE 59 yrs. 5 mos. 2 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Chief clerk, 977
(b) General nature of industry, business, or establishment in which employed (or employer): State liquor board,

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER: Ernest Langhammer,

11-BIRTHPLACE OF FATHER (State or country): Germany,

12-MAIDEN NAME OF MOTHER: Kunigunda Schmidt,

13-BIRTHPLACE OF MOTHER (State or country): Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma V. Langhammer, wife,

(Address) 4005 Brookline Avenue.

15. APR 19 1916 Filed ....., 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 19th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 11, 1915, to April 19th 1916, that I saw him alive on April 19th, 1916, and that death occurred, on the date stated above, at 4.30a m.
The CAUSE OF DEATH* was as follows:

Pulmonary stasis et oedema following failure of compensation,
(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Chronic parechymatous nephritis, (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) H. Frederick Hempel M. D.

April 19, 1916. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: April 21, 1916

20-UNDERTAKER: Wm. E. Black | ADDRESS: 927 N. Broadway

IMPORTANT.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94378

CERTIFICATE OF DEATH.

79 C94378

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Hanover st ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Hofmann

(Residence in Baltimore: No. 1511 Hanover St.; 47 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, June (Month) 7 (Day) 1868 (Year)

7-AGE, 75 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anne E. Thor

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Miss Lucie Hofmann

(Address)..... 1511 Hanover St.

15. APR 19 1916 Filed....., 191..... ROBERT . KRAUTER, Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22nd 1916, to April 15th 1916, that I saw h.r alive on April 14th 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Primary

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Valvular disease of heart unknown

(Duration) yrs. mos. ds.

(Signed) F. K. Riley M. D.

April 19th, 1916. (Address) 724 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Western Cem.	April 21, 1916
20-UNDERTAKER	ADDRESS
E. Schlosman & Son	1039 Hanover St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 147 (94379

(94379

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Md. Genl Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Walker

(Residence in Baltimore: No. Md. Genl Hosp St.; ....yrs....mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Oct (Month) 19 (Day), 1913 (Year)

7-AGE.	If LESS than 1 day,
2 yrs. 6 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bellcamp, Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Hospital Records

(Address).....

15- APR 19 1916 Filed....., 191... ROBERT, KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2, 1916, to April 19, 1916, that I saw h.m alive on April 19, 1916, and that death occurred, on the date stated above, at 6.00 a.m.

The CAUSE OF DEATH* was as follows:

Septicaemia
Streptococcus Infection of Hip Joint
(Duration)....yrs.. ....mos. 1 7 ds.

CONTRIBUTORY (Secondary) ~~Infected Wrist~~
(Duration)....yrs. 1 mos.....ds.

(Signed) E. R. Moses M. D.

April 19, 1916 (Address) Md Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 17 ds. In the State 2 yrs. 6 mos.....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bellcamps Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Jewell Md.	4-20, 1916
20-UNDERTAKER E & B Hale	ADDRESS 115 E Main St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94380

92 C94380

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Medicus

(Residence if in Baltimore: No. 520 N. Glover St St.; 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Nov 31 (Month) (Day), 1849 (Year)

7-AGE, 66 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton 833
(b) General nature of industry, business, or establishment in which employed (or employer): in Church

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Anna Apple

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Medicus

(Address) 526 N. Glover St

15- APR 20 1916 HARRY C. ARDEN'S

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 17 1916, that I saw him alive on " 17 1916, and that death occurred, on the date stated above, at 11.50 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 7 ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) A. C. Heinrich M. D.

April 20, 1916. (Address) 2600 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft. Reform Cemetery	Apr 20, 1916
20-UNDERTAKER Christian Miller	ADDRESS 233 Jefferson

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94381 C94381

143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Chandler

(Residence in Baltimore: No. 742 W. North ave. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Dec (Month) 4 (Day), 1853 (Year)

7-AGE, 62 yrs. 5 mos. 15 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, Edwin Chandler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Confader Turner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry Chandler

(Address) 742 W. North ave

15- Filed APR 20 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 19 1916, that I saw him alive on April 19 1916, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Cellulitis of neck and scalp.

Gangrene of tissues of neck.

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Walter L. Richards M. D.

April 19, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Lifetime yrs. mos. ds.

Where was disease contracted, if not at place of death? 742 W. North ave, Balto.

Former or usual residence 742 W. North ave Balto. Md.

19-PLACE OF BURIAL OR REMOVAL, Loyola Cem | DATE OF BURIAL, April 21, 1916

20-UNDERTAKER Chas E Franck | ADDRESS 862 Madison

Important. See instructions on back of certificate. Occupation is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94382 — 28 — 94382

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 509 S Milton ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Harris.

(Residence in Baltimore: No. 509 S Milton Ave St. Fifth yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 19th, 1884
(Month) (Day) (Year)

7-AGE, 31 yrs. 9 mos. 30 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 977

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Cornelius Harris

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Minnie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Harris

(Address) 509 S Milton ave.

15- Filed APR 20 1916, 191. HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to April 18 1916, that I saw him alive on April 17 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

(Signed) Geo. Heller M. D.

April 20, 1916. (Address) 1937 Jonquil St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. New Cathedral — DATE OF BURIAL. April 22 1916

20-UNDERTAKER John A Moran & Co — ADDRESS Bank

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94385 C94383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Streeper ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon H. Webster

(Residence in Baltimore: No. 137 N. Streeper St.; 1 yrs., 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Nov 22, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo. T. Webster

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Mary J. Crampton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. T. Webster

(Address) 137 N. Streeper

15- Filed APR 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 18 1916, that I saw him alive on April 18 1916 and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

.....

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Adolph C. Eisenberg M. D.

April 19, 1916 (Address) 2201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Apl. 24 1916

20-UNDERTAKER Philip Hering ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C94384

REGISTERED No. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Henry Steinmetz

(Residence in Baltimore: No. 622 N. Castle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Male

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6—DATE OF BIRTH, Dec. 12th, 1855 (Month) (Day) (Year)

7—AGE, 60 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 653

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Germany

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Steinmetz

(Address) 622 N. Castle

15—

APR 20 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Apr. 18, 1916. (Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Apr 6 191.... to Apr 18 191....,

that I saw h.... alive on Apr 17 191....,

and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Face

..... (Duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .... yrs. .... mos. .... ds.

(Signed) Paul E. Straus M. D.

....., 191... (Address) 1416 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Apr 21 1916

20—UNDERTAKER Philip Herring — ADDRESS 2016 Orleans St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94385 C94385

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Ave ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Rosenberg

(Residence in Baltimore: No. Eutaw Place, Mt. Street St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 2nd, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tannery, 403
(b) General nature of industry, business, or establishment in which employed (or employer): owner

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Abram Rosenberg.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Siegel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rosenberg

(Address) Marlborough

15- APR 20 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14th 1916, to April 19th 1916, that I saw h[illegible] alive on April 19th 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. 1 ds.

(Signed) C. E. Elder M. D.

April 19th, 1916. (Address) 814 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Hebrew	April 21st, 1916

20-UNDERTAKER Hart Sondheim ADDRESS 118 N Eutaw

Important. See instructions on back of certificate. Law requires Statement of OCCUPATION is very

Spec.—1-24-14—M. & T.—2000 Blks.

C94386

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94386

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Michael

(Residence in Baltimore: No. 3000 Walbrook ave St.; 2 yrs. mos. ds.)

Important. See instructions on back of certificate. Every statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Jew (White)	Married

6-DATE OF BIRTH, April (Month) 7th (Day), 1870 (Year)

7-AGE,	If LESS than 1 day,
46 yrs. mos. 13 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Newyork.

PARENTS.

10-NAME OF FATHER, Moses Lesser

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Dora —

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15-

Filed APR 20 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 20 1916, that I saw her alive on April 20 1916, and that death occurred, on the date stated above, at 9.15 A.m.

The CAUSE OF DEATH* was as follows:

Pyo. choleocystitis
Cholelithiasis with
rupture & gall bladder

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) yrs. mos. 4 ds.

(Signed) W. L. Richards M. D.

Apr. 20, 191.6 (Address) Univ. Hosp. Balt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3000 Walbrook ave, Balt.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New York	April 21, 191.6

20-UNDERTAKER	ADDRESS
Ward Brothers	11 Eutaw Place

C94387

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94387

CERTIFICATE OF DEATH.

186

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Removed dead Mercy Hospital ST.: 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome C. Schubert.

(Residence in Baltimore: No. 1718 N. Wolfe St. St.; yrs. 6/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, May 16; 1861.
(Month) (Day) (Year)

7-AGE, 54 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 63
(b) General nature of industry, business, or establishment in which employed (or employer): Terminal Warehouse Co

PARENTS.

9-BIRTHPLACE, (State or Country), Balto City Md

10-NAME OF FATHER, John H. Schubert.

11-BIRTHPLACE OF FATHER (State or Country), ~~Germany~~ Germany

12-MAIDEN NAME OF MOTHER Fredericka Groove

13-BIRTHPLACE OF MOTHER (State or Country), ~~Germany~~ Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Schubert

(Address) 1718 N. Wolfe St.

15- Filed APR 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, ~~autopsy~~ or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, ~~autopsy~~ or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident Hemorrhage of Lungs fell down Elevator Shaft and crushed skull

(Duration) 1 day yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. Ekhardt M. D.
(Coroner.)

April 19, 191. 6 (Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	April 21, 1916
20-UNDERTAKER	ADDRESS
D. Sander & Sons	1710 Pleet St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94388

HEALTH DEPARTMENT---CITY OF BALTIMORE

C94388

CERTIFICATE OF DEATH

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 N. Hoffman St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Nash

(Residence in Baltimore: No. 529 N. Hoffman St.; ....yrs. ....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 17th, 1916 (Month) (Day) (Year)

7-AGE: ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Mid Dorsey

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Annie E Nash

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Nash

(Address) 539 N Hoffman

15- Filed APR 20 1916, 191.... HARRY C. A. DREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1916, to April 19 191..., that I saw h.r alive on April 19 191..., and that death occurred, on the date stated above, at 7-9 1 m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) ....yrs 5 mos. — ds.

Contributory (SECONDARY) not known

(Duration) ....yrs ....mos. ....ds.

(Signed) Edward J. Whalley M. D.

4/19/1916. [Address] 1230 E. 1st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs ....mos ....ds. In the State ....yrs ....mos ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 4/20 191 6

20-UNDERTAKER: Samuel F. Keighley — ADDRESS: 574 W Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94389

CERTIFICATE OF DEATH.

91

C94389

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fennell Sewell

(Residence in Baltimore: No. 503 W Biddle St.; 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 7, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER, Joseph Sewell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Jane L Sewell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fennell Sewell

(Address) 503 W Biddle St

15- APR 20 1916 Filed....., 191.....

HARRY T. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1916, to Apr 19 1916, that I saw him alive on Apr 18 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Tbc

(Duration) yrs. mos. ds.

(Signed) Ernest W. G. Riegel M. D.

Apr. 19 191 6 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 1 yrs. 4 mos. 9 ds.

Where was disease contracted, if not at place of death? 503 W Biddle St

Former or usual residence 503 W Biddle St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Apr 20, 191.

20-UNDERTAKER Sam'l C. Shewbrey — ADDRESS 578 W Balto

important. See instructions on back of certificate. Exact particulars of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

C94390 C94390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Glover ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Werner

(Residence in Baltimore: No. 811 S. Glover St.; 1 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 23, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Frank Werner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Francis Kolyant

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Werner

(Address) 811 S. Glover St.

15- Filed APR 20 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 19 1916, that I saw h alive on April 18 1916, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs....mos. 3 ds.

(Signed) M. J. McAvoy M. D.

April 20, 1916 (Address) 539 S. Edmond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, April 20, 1916

20-UNDERTAKER Stephen J. Fialkowski — ADDRESS 1012 S. Kenwood Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94391 C94391

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N Gilmore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Schmuck

(Residence in Baltimore: No. 13 N Gilmore St.; 62 yrs. 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 9 (Day), 1853 (Year)

7-AGE, 62 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Muller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Faba

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Seyler

(Address) 13 N Gilmor

15- APR 20 1916 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1916, to April 19 1916, that I saw her alive on April 19 1916, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 4 yrs. ....mos. ....ds.

(Signed) J. Howard Sybert M. D.

April 19 1916. (Address) 708 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
H.P. Carmel	Apr. 22, 1916
20-UNDERTAKER J. Lewis & Co	ADDRESS 2008 Aliceanna

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C94392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C94392

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 N Stricker ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Brooks

(Residence in Baltimore: No. 1302 N Stricker St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Baby.

6-DATE OF BIRTH, Jan. (Month) 31 (Day), 1914. (Year)

7-AGE, 2 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baby.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Brooks.

11-BIRTHPLACE OF FATHER (State or Country) St. Mary County, Md.

12-MAIDEN NAME OF MOTHER Rose R. Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose R. Brooks

(Address) 1302 N Stricker St.

15-

Filed APR 20 1916 HARRY C. ANDREWS ..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 19 1916, that I saw him alive on April 18 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Capillary Pneumonia

.....

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Clark M. D.

April 19, 1916. (Address) 1310 W. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, APR 20 1916

20-UNDERTAKER JAMES H. DENNIS.

ADDRESS 1303 PRESSTMAN ST.

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.--8-24-14—M. & T.—2000 Blks.

C94393

HEALTH DEPARTMENT—CITY OF BALTIMORE

115

C94393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick D. Foster

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, October 25, 1845
(Month) (Day) (Year)

7-AGE, 70 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Judge of the
(b) General nature of industry, business, or establishment in which employed (or employer): Supreme Court Georgia

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Albert G Foster

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Caroline Colbert

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-FILED APR 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to April 20 1916, that I saw h alive on April 20 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Fall Stones in Common Bile Duct

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY Broncho-pneumonia (Post
(Secondary)
operative) (Duration) 0 yrs. 0 mos. 1 ds.

(Signed) Harvey F. Mudd M. D.

April 20, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 21 ds. In the State ~ yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Madison Ga.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Macon Ga	April 22, 1916.
20-UNDERTAKER Oliver Davis	ADDRESS 1181 N Main St

Important. See instructions on back of certificate.

C94394

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED No. C94394

CITY OF BALTIMORE: (No. 3705 North Charles St. St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Duncan Bernard

Residence in Baltimore: No. 3705 North Charles Street St.; 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March 25, 1868 (Month) (Day), 1 (Year)

7-AGE: 48 yrs. 0 mos. 24 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Lawyer 764
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Richard Bernard

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Frances Duncan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Theresa E. Bernard

(Address): 3705 N. Charles Street

15- APR 20 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14, 1916, to, April 19 1916, that I saw h[illegible] alive on April 18 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 minutes ds.

Contributory (SECONDARY) Acute Bronchitis & Pneumonia, filing & tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed), Dr. B. Thurston M. D.

April 21" 1916. [Address] 1007 Cathedral St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 21, 1916.

20-UNDERTAKER	ADDRESS
Henry W. Dreaver & Son	805 N. Eutaw St.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C94395

CERTIFICATE OF DEATH. 20

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Bd. Genl Hosp ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Luthardt

(Residence in Baltimore: No. 756 Ramsay St.; Life yrs. mos. ds.)

important. See instructions on back of certificate. Any wilful error in this certificate is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 11, 1883
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
33 yrs. 5 mos. 7 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker (Hayward Bakery) 33
(b) General nature of industry, business, or establishment in which employed (or employer)..... Worker

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER, Ernest T. Luthardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lilly Luthardt

(Address) 756 Ramsay St

15- APR 20 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to April 19 1916, that I saw h.m alive on April 19 1916., and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx

Tuberculosis of Elbow

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed) C. W. Miller M. D.

April ..., 1916. (Address) Bd Genl Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 756 Ramsay St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemty	April 22d, 191..

20-UNDERTAKER	ADDRESS
Geo Lumbach & Son	647 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C94396

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94396

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Harford ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua - L. Cooksey.

(Residence in Baltimore: No. 1735 Harford ave. St.: 40 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed.

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 89 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stationary
(b) General nature of industry, business, or establishment in which employed (or employer)..... Printer 1726

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, J. Cooksey.

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Dorkendor

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Talbott.

(Address) 1737 Harford ave

15-

Filed APR 20 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to April 18 1916, that I saw him alive on April 18 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) .....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) John W. Donaldson M. D.

April 19, 1916. (Address) 1714 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. Congressional Cemetery. DATE OF BURIAL, April 21., 1916

20-UNDERTAKER George L. Routh ADDRESS 1735 Harford ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94397

CERTIFICATE OF DEATH.

C94397

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 E. Lanvale ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine di Martini

(Residence in Baltimore: No. 1918 E. Lanvale St.; 3 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	married

6-DATE OF BIRTH, March 19 1916
(Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housewife
(b) General nature of industry, business, or estshlishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Andrea Cimino

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Greco

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Cimino

(Address) Bond & Aliceanna Sts

15-APR 20 1916

Filed ....., 191... MARY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1916, to April 19 1916,
that I saw h.. alive on April 13 1916,
and that death occurred, on the date stated above, at 7.45 m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Guida M. D.

2314 E. Lanvale St, 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent Cemetery	April 21, 1916
20-UNDERTAKER George J. Ruth	ADDRESS 1735 Harford Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Frank O'Loughlin

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

094398 094398

79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)
REGISTERED NO. C.....

2-FULL NAME Frank O'Loughlin

(If death occurred in a hospital or institution, give its NAME instead of street and number and all, except No. 18.)

(Residence in Baltimore: No. 936 Bayd St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 18 (Month) (Day), 1400 (Year)

7-AGE, 16 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Wm. O'Loughlin

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Agnes Tyrell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie O'Loughlin

(Address) 114 S. Carrollton av

15- Filed APR 20 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 19 1916, to April 19 1916, that I saw h-- alive on April 18 1916, and that death occurred, on the date stated above, at 12 00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Nephritis, Fistula

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Flain M. D.

4/19, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 936 Bayd St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	April 22, 1916.

20-UNDERTAKER	ADDRESS
John J Fields	120 W. Lombard

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94399 x 28 C94399

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.) 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christiana Bates

(Residence if Baltimore: No. Maryland Penitentiary St.; — yrs., 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 25, 1886
(Month) (Day) (Year)

7-AGE, 29 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 877

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Shelton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sallie Morris

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thompson

(Address) Maryland Penitentiary

15- APR 20 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April - 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December-31 1915, to April - 18 1916, that I saw her alive on April - 18 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 3 mos. 1.7 ds.

(Signed) William T. Edwards M. D.

April-19., 191.6 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 15 ds. In the State — yrs. 5 mos. 15 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 78 P St. N.W. Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart. DATE OF BURIAL, 4-21., 1916.

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 1810 N. Royal Ave

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94400 C94400

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 423 N. Central ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Emily White

(Residence in Baltimore: No. 423 N. Central ave St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 21, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac White

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hannah Perry

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Osiola Cheney

(Address) St Michaels Md

15- Filed APR 20 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1916, to Apr 18 1916, that I saw h alive on Apr 18 1916. and that death occurred, on the date stated above, at 8.45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Burns M. D.

Apr 20 1916 (Address) 218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md

DATE OF BURIAL, April 21, 1916

UNDERTAKER R C Gross

ADDRESS 1455 McElderry St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94401 C94401

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH 1419 Mulliken

CITY OF BALTIMORE: (No. ~~George Gittings~~ ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gittings

(Residence in Baltimore: No. 1419 Mulliken St St.; Life yrs. mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Oct (Month) 11 (Day), 1874 (Year)

7-AGE, 41 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Gittings

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nancy Anne Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Gittings mother

(Address) 1419 Mulliken

15- Filed APR 20 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Apr 18 1916, that I saw him alive on April 18 1916, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Lobar Pneumonia

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

~~April 14~~ (Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Apr. 19, 1916 (Address) 2218 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	April 21, 1916.
20-UNDERTAKER	ADDRESS
R. C. Gross	1405 McElderry St

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94402 C94402 120

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 216 Lamane ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip H Hoffman

(Residence in Baltimore: No. 216 Laurens St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Sept (Month) 2nd (Day) 1849 (Year)

7-AGE: 66 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Philip H Hoffman

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Caroline Horn

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wray A. Hoffman

(Address) 216 Laurens St.

15- Filed APR 20 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 191 1, to, April 19 1916, that I saw h.im alive on April 19 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 5 yrs. — mos. — ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Maurice Lazarby M. D.

April 19, 1916. [Address] 214 E. Preston St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: April 21st, 1916

20-UNDERTAKER: Graham & Walker | ADDRESS: 1320 Lafayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94403

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

C94403

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2904 Halbrook Ave ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David S. Elkins

Residence in Baltimore: No. 2904 Halbrook Ave St.: 67 yrs. — mos. — ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Feb 24th, 1845 (Month) (Day) (Year)

7-AGE 71 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Seed
(b) General nature of industry, business, or establishment in which employed (or employer): Truck Farm

9-BIRTHPLACE (State or country): Edom Va

PARENTS

10-NAME OF FATHER: Michael B. Elkins

11-BIRTHPLACE OF FATHER (State or country): Ohio

12-MAIDEN NAME OF MOTHER: Catherine Beery

13-BIRTHPLACE OF MOTHER (State or country): Edom Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. S. Elkins Jr.

(Address) 2904 Halbrook Ave

15. APR 20 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1915, to April 19 1916, that I saw h[illegible] alive on April 18, 1916, and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Diabetic Coma

(Duration) yrs. mos. 5 ds.

(Signed) Jesse Eshenour M. D.

April 19, 1916 (Address) 711 W. N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: April 21 1916

20-UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MORENT . KRAUSE, BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

C94404

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 6 WARD)

FULL NAME Michael Sarsfield

(Residence in Baltimore: No. University Hospital St.; ..yrs.,..mos. 25 ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

× 40

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... self

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm Sarsfield

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Mary L.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of University Hosp

(Address) Lombard & Greene Sts.

15- APR 20 1916 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23, 1916, to April 17 1916, that I saw h.m alive on April 17 1916, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) ...yrs. ...mos. 25 ds.

CONTRIBUTORY (Secondary) Mesenteric Thrombosis

(Duration) ...yrs. ...mos. 2 ds.

(Signed) Elmer Hartman M. D.

4-17., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 25 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Scranton Pa.

19-PLACE OF BURIAL OR REMOVAL, Scranton Md. DATE OF BURIAL, Apr. 20, 1916.

20-UNDERTAKER Joseph Bloch ADDRESS 1003 West Baltimore St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94405

CERTIFICATE OF DEATH.

40 C94405

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 814 St. Peter ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Ferguson.

3-Residence in Baltimore: No. 814 St Peter St.; Life yrs. .... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-~~SEX~~: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: November 10, 1872 (Month) (Day) (Year)

7-AGE: 43 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Charles Minton.

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Katie Tully

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew V. Ferguson

(Address) 814 St. Peter St.

15- APR 20 1916 Filed ....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1914, to April 19 1916, that I saw h-er alive on April 19 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach (Fatal)

(Duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) Emma L. Byrne M. D.

April 20, 1916 (Address) 1223 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: 4-22, 1916.

20-UNDERTAKER: James Dignan & Son ADDRESS: 1000 S. Paca St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94406 C94406

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkin Hosp. St.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jones.

(Residence in Baltimore: No. ? Wolfe St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Pfeiffer.

(Address) Johns Hopkins Hosp.

15- APR 20 1916 1916 ROBERT J. KRAUTER, CHIEF CLERK.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to April 14 1916, that I saw h[illegible] alive on April 14 1916, and that death occurred, on the date stated above, at 8:10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix
Cancrum Oris Diagnosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) L. P. Mason M. D.

April 15, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ? Wolfe St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	APR 20 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94407 C94407

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Nelson

Residence in Baltimore: No. 613 S. East Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 25, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 11 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward B Nelson

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Josephine B Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-APR 20 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 20 1916, that I saw her alive on April 20 1916, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows:

.....Measles.....

.....

.....

..... (Duration).....yrs.....mos....4.ds.

CONTRIBUTORY (Secondary)...Syphilis.....

..... (Duration).....yrs....11....mos.2.5.ds.

(Signed)....Gilbert W. Kosar Med.....M. D.

April 20, 1916. (Address)....Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 613 S. East Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Sacred Heart Cem.	April 21st, 1916
20-UNDERTAKER Lilly and Zeih	ADDRESS 4038 Wolfe

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94408 C94408 42

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3101 Walbrook Ave- St. 15 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rebecca Bryan

(Residence in Baltimore: No. 3101 Walbrook Ave St.; 1 yrs. 3 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec 28, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Wm. S. Rohr

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Ella J. Coulson

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Rohr

(Address) 3101 Walbrook ave

15- Filed APR 20 1916 ROBERT KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1916, to April 19th 1916.
that I saw her alive on April 19th, 1916.
and that death occurred, on the date stated above, at 4.00 p. m.
The CAUSE OF DEATH* was as follows:

Dreamthorax

(Duration) 2 yrs. mos. 7 ds

Contributory (SECONDARY) Uterine Carcinoma

(Duration) yrs. mos. 1 ds.

(Signed) Geo. W. Lamentrach M. D.

April 19th, 1916. (Address) 2210 W. Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harrisonburg Va. DATE OF BURIAL: April 21, 1916

20-UNDERTAKER: E. W. Metzler Co ADDRESS: 501 W. Fayette St

C94409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C94409

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Josephs Hosp Charles B Fletcher ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B Fletcher

(Residence in Baltimore: No. 47 Railroad Ave St.; 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) (Day) 1863 (Year)

7-AGE, 53 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), W Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah J Russel

(Address) 156 N Milton Ave

15- Filed APR 20 1916 191... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull and Legs and other injuries received by being run over by an Auto Truck Abus 17th 1916 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Elijah J Russel M. D. (Coroner.)

Apr 20th, 1916 (Address) 156 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 9 yrs. mos. ds.

Where was disease contracted, if not at place of death? non Resid Md

Former or usual residence 47 Railroad Ave

19-PLACE OF BURIAL OR REMOVAL, Saint Marys Hampden DATE OF BURIAL, Apr 20 1916

20-UNDERTAKER Chenowith-Dorn ADDRESS 1316 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94410

CERTIFICATE OF DEATH.

15 2

C94410

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S Bruce St.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Joseph Kuhl

(Residence in Baltimore: No. 306 S Bruce St.; ...yrs.... mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 20 (Day), 1916. (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day. 9 hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Francis X Kuhl

11-BIRTHPLACE OF FATHER (State or Country), Baltimore,

12-MAIDEN NAME OF MOTHER Theresa Barber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Kuhl

(Address) 306 S. Bruce St.

15- Filed APR 21 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 20 1916, that I saw him alive on April 20 1916, and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Shock & Injuries received at birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Difficult birth

(Duration) ...yrs. ...mos. ...ds.

(Signed) Marshall G. Hurd M. D.

April 20, 1916 (Address) 118 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL. Apr. 21 20, 1916

20-UNDERTAKER Knell & Son

ADDRESS 1729 W Pratt

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94411

HEALTH DEPARTMENT—CITY OF BALTIMORE

APR 21 1916

CERTIFICATE OF DEATH.

C94411

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Belt ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Earles

(Residence in Baltimore: No. 418 Belt St.; 57 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, September (Month) (Day) 1859 (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, Wm. R. Earles

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joyce Earles

(Address) 418 Belt St.

15- Filed APR 21 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1915, to March 18 1916, that I saw him alive on March 16 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. L. Steiner M. D.

April 18 1916 (Address) 204 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April, 1916

20-UNDERTAKER Samuel P. Kemsley — ADDRESS 578 W. Pratt

Strictly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94412

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

C94412

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 W Biddle St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Satchel

(Residence in Baltimore: No. 619 W. Biddle St., 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: unknown (Month) (Day), 1835 (Year)

7-AGE: 81 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): unemployed

9-BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Benj. Bailey

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Arthé Satchel

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bettie Satchel

(Address) 619 W Biddle

15- Filed APR 21 1916 HARRY C. ALDERMAN Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1916, to, April 18 1916, that I saw h.... alive on April 18 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) H. S. McCard M. D.

4/20 1916 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 4/21, 1916

20-UNDERTAKER: Samuel F. Hamley — ADDRESS: 578 W Biddle

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 94413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Dolphin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fanny Rebecca Chodelin

(Residence in Baltimore: No. 524 1/2 Dolphin St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, [illegible] 1880
(Month) (Day) (Year)

7-AGE 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Chodelin

(Address) 524 Dolphin St

15-
Filed APR 21 1916 191
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1915 to April 18th 1916, that I saw h[illegible] alive on April 12th 1916, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Dis.

Duration 5 yrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Levy Ellis M. D.

4/21, 191[illegible] (Address) 9 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	April, 1916.
20-UNDERTAKER Samuel Heuisler	ADDRESS 5 S Bond

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R. Thompson

(Residence in Baltimore: No. 331 E. Chase St.; .....yrs., 7 mos. .....ds.)

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... June 4, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lithographer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self 225

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, David Thompson

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary Fleck

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. R. Thompson

(Address) Chase St.

15- APR 21 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 9 1916, to Apr. 11 1916, that I saw him alive on Apr. 11 1916 and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 6 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Apr. 12, 1916 (Address) Mercy Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? 331 E. Chase St.

Former or usual residence 331 E. Chase St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore County	Apr. 21, 1916
20-UNDERTAKER Albert E. Fuller	ADDRESS 221 N. Bradley

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94415 C94415

CERTIFICATE OF DEATH.

REGISTERED NO. C 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Virgia A Pulley

(Residence in Baltimore: No. 1416 Presstman St.; 2 yrs. 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, April (Month) 20 (Day), 1914 (Year)

7-AGE, 2 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John W. Pulley

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER, Bessie Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Pulley

(Address) 1416 Presstman St

15. Filed APR 21 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6th 1916, to April 20 1916, that I saw her alive on April 18 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchis-Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ... yrs. ... mos. 21 ds.

(Signed) Harry F Brogan M. D.

April 20 1916 (Address) 1501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, April 21 1916

20-UNDERTAKER JAMES H. DENNIS,

ADDRESS 1303 PRESSTMAN ST.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94416 C94416

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 8 Johns Hopkins Hosp St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Smith

(Residence in Baltimore: No. 601 Pearce St. St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Sing.

6-DATE OF BIRTH, March (Month) 28 (Day) 1915 (Year)

7-AGE, 1 yrs. 0 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, David Payne

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps

(Address) Johns Hopkins Hosp.

15- APR 21 1916 HARRY C. ANDREWS
....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 15 1916, to Apr. 19 1916, that I saw h[illegible] alive on Apr. 19 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Laryngitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Elliot G. Brentlet M. D.

Apr. 19, 191.6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 601 Pearce St

19-PLACE OF BURIAL OR REMOVAL. JAMES H. DENNIS, Interment

DATE OF BURIAL. April 21 1916

20-UNDERTAKER 1303 PRESSTMAN ST.

ADDRESS

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 C9447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Klinka.

(Residence in Baltimore: No. 826 E. Pratt St St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Lithuania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Klinka

(Address) Johns Hopkins Hospital

15- Filed APR 21 1916, 191... HARRY C. ALTEKEWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20th 1916, to April 20th 1916, that I saw him alive on April 20th 1916, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows: Diabetes mellitus.

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) acute lobar pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) Paul W. Clough M. D.

Apr 21, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 826 E Pratt St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Stanislaws	April 22 1916.
20-UNDERTAKER	**ADDRESS**
J Zebliauskas	500 S. Paca St

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94418 — CERTIFICATE OF DEATH — Schutz — C94418

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 314 S Washington St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christopher C. Schutz

(Residence in Baltimore: No. 314 S Washington St.; Yrs. 2 Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Feb 20 (Month / Day), 1866 (Year)

7 AGE: 50 yrs. 1 mos. 30 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer for 537
(b) General nature of industry, business, or establishment in which employed (or employer): U. R. and Electric Co

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: William Schutz

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William K. Schutz
(Address) 314 S. Washington ave

15 Filed APR 21 1916, 191 — HARRY C. ADELE[illegible] Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 19th (Month / Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1916, to April 19 1916, that I saw her alive on April 18 1916, and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Right Side)

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. T. Hardy M. D.

April 20, 1916. (Address) 1962 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Trinity C. Lonsdale — DATE OF BURIAL: Apr 22, 1916

20 UNDERTAKER: Wm. Wm & Son 2503 — ADDRESS: Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94419 C94419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Alexander

(Residence in Baltimore: No. 1623 Orleans St St.; ..... yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. December 2, 1911.
(Month) (Day) (Year)

7-AGE. ..... yrs. 4 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Mary Alexander

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed APR 21 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 20 1916, that I saw him alive on April 20 1916, and that death occurred, on the date stated above, at 3 15 p.m.

The CAUSE OF DEATH* was as follows:

Anemia Secondary

..... (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration) ..... yrs. 4 mos. 18 ds.

(Signed) Talbot W. Forattl M. D.

April 20, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life

Where was disease contracted, if not at place of death? .....

Former or usual residence 1623 Orleans St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Auburn Cem.	April 22nd, 1916.
20-UNDERTAKER	**ADDRESS**
Harry A Vodery	1725 Orleans St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94420 C94420

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie D Gibson

(Residence in Baltimore: No. Church Home & Infirmary St.; 10 yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, June (Month) 6 (Day) 1833 (Year)

7-AGE,	If LESS than 1 day,
82 yrs. 10 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Leonardtown St. Mary's Co Md

PARENTS.

10-NAME OF FATHER, John B Welch

11-BIRTHPLACE OF FATHER (State or Country), St. Mary's Co Md

12-MAIDEN NAME OF MOTHER unknown

12-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Mrs R Reeves

(Address).....Church Home

15- APR 21 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1916, to April 19th 1916, that I saw her alive on April 19th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

.....Senility.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

..... (Duration).....yrs.....mos. 3 ds.

(Signed).....Horace M Byron.....M. D.

April 19, 1916. (Address)...Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. 5 mos. 13 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence St. Mary's County

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, April 22, 1916.

20-UNDERTAKER H E Stughel — ADDRESS 1710 Broadway.

important. See instructions on back of certificate.

C94421 HEALTH DEPARTMENT--CITY OF BALTIMORE C94421

CERTIFICATE OF DEATH

92

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1202 Glyndon ave St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Vadnchin

(Residence in Baltimore: No. 1202 Glyndon ave St. 17 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Not known ..... (Month), 1 (Day), ... (Year)

7-AGE: 37 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Laborer 536

(b) General nature of industry, business, or establishment in which employed (or employer): B & O RR.

9-BIRTHPLACE (State or country): Drasky, Hungary

PARENTS

10-NAME OF FATHER: Laza Vadnchin

11-BIRTHPLACE OF FATHER (State or country): Drasky, Hungary

12-MAIDEN NAME OF MOTHER: Povila

13-BIRTHPLACE OF MOTHER (State or country): Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Vadnchin

(Address) 1202 Glyndon ave

15. Filed APR 21 1916, 191 HARRY [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 20 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1916, to April 20 1916, that I saw him alive on April 20, 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Louis Abramowitz M. D.

April 20, 1916 (Address) 1707 E. Balto st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: April 21, 1916

20-UNDERTAKER: J. Lon Wible

ADDRESS: 1200 N. Eastern ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94422

CERTIFICATE OF DEATH.

91

(94422)

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 811 S. Bond St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Kobylinski.

(Residence in Baltimore: No. 811 S. Bond St.; ....yrs., 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 4" (Day), 1915. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimor, Md.

PARENTS.

10-NAME OF FATHER, Anton Kobylinski.

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Victoria Szatkowska.

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anton Kobylinski.
(Address) 811 S. Bond St.

15-
Filed APR 21 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20" (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-19 1916, to 4-19 1916, that I saw h[illegible] alive on April 19 1916, and that death occurred, on the date stated above, at 12.5 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Thos. A. Bulkley M. D.

....., 191... (Address) 16 W. 6 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	April 22", 1916.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 905. S. Ann

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94423

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94423

CERTIFICATE OF DEATH.

151 REGISTERED No. C

1-PLACE OF DEATH 1110 McCulloh St. Balto. Md.

CITY OF BALTIMORE: (No. 1110 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Krimmel

(Residence in Baltimore: No. 1110 McCulloh St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, April 19, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Howard E. Krimmel

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alice M. Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard E. Krimmel

(Address) 1110 McCulloh St.

15- APR 21 1916 HARRY C. ALLEWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 19 1916, that I saw h[illegible] alive on April 19 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 0 yrs. ..... mos. ..... ds.

(Signed) Jerd. J. Gaw M. D.

April 21, 1916. (Address) 1531 E. Fayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, April 21, 1916.

20-UNDERTAKER Wm Cook ADDRESS 302 E Northern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(94524) 92 (94424)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home Hosp. St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merker R. Hamilton

(Residence in Baltimore: No. Leech's Hotel, Balto. Md. St.; 43 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, about ....., 1873
(Month) (Day) (Year)

7-AGE, abt 43 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk (Hotel)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Luella Merkle

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Darville

(Address) 808 N. Carrollton Ave.

15- HARRY [illegible]

Filed APR 21 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1916, to April 20th 1916, that I saw him alive on April 20th 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Horace W. Byers M. D.

April 20 1916 (Address) Church Home Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 2 ds. In the State 43 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Leech Hotel

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cty	Apr. 22, 1916.

20-UNDERTAKER Stewart & Mowen Co | ADDRESS 1020 North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94425

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94425

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH University Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. 8 ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin D. Hawkes

(Residence in Baltimore: No. 105 Manchester Road St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 5th (Month) (Day), 1850 (Year)

7-AGE, 66 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Builder
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Benj. Hawkes

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Mary Hulsen

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christ. Belanger

(Address) 105 Manchester Rd.

15- APR 21 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) — 19 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-19-1916, to 4-19-1916, that I saw h[illegible]alive on 4-19-1916, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. ds.

(Signed) W. L. Richards M. D.

4-19-, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ? ? ?

Former or usual residence 105 Manchester Road

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loving Warren Co. N.C.	April 21st, 1916.
20-UNDERTAKER Eastern Stor.	ADDRESS 1723 W. Lafayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94426

CERTIFICATE OF DEATH.

28

C94426

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 N Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Mulligan

(Residence in Baltimore: No. 36 N. Bentalou St.; 23 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married.

6-DATE OF BIRTH October (Month) 28th (Day), 1879 (Year)

7-AGE, 36 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrical
(b) General nature of industry, business, or establishment in which employed (or employer)..... Inspector

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, Patrick Mulligan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary J. Mulligan

(Address) 36 N. Bentalou St.

15- Filed APR 21 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb., 1916, to April 19, 1916, that I saw h~~im~~ alive on April 17th 1916, and that death occurred, on the date stated above, at 5P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Harry Goldberg M. D.

April 21, 1916 (Address) 2027 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Apr. 22, 1916.
20-UNDERTAKER	ADDRESS
Geo. A. Gerber	Baltimore

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94427 HEALTH DEPARTMENT—CITY OF BALTIMORE C94427

CERTIFICATE OF DEATH.

REGISTERED No. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 St Mathews ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Cottagliata

(Residence in Baltimore: No. 1236 St Mathews St.; 22 yrs., 3 mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 8 (Month) (Day) 1866 (Year)

7-AGE, 49 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joseph Cottagliata

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Cottagliata

(Address) 1236 St Mathews St.

15- Filed APR 22 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1916, to April 17 1916, that I saw h... alive on April 18 1916, and that death occurred, on the date stated above, at 12 AM m.

The CAUSE OF DEATH* was as follows:

Edema of Abdomen

Carcinoma of Gallbladder

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Inflammation

(Duration) yrs. mos. 4 ds.

(Signed) Louis T. Cottagliata M. D.

April 21, 1916 (Address) 2038 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Holy Redeemer Cem	April 22, 1916
20-UNDERTAKER	ADDRESS
Kendall Hopkins & Son	67 S Gay St

important. See instructions on back of certificate.

...properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94428 94428

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucinda Davis

(Residence in Baltimore: No. 230 S Spring St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, April 2, 1871. (Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Matilda Moore

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- APR 22 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1916, to April 20 1916, that I saw h.. alive on April 20 1916, and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Myocardial insuff

(Duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. R. Macon M. D.

April 22, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 230 S Spring St

19-PLACE OF BURIAL OR REMOVAL, Leakey — DATE OF BURIAL, April 24 1916.

20-UNDERTAKER John W Henderson — ADDRESS 317 Caroline

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94429 C94429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 933 Pennsylvania Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wilson

(Residence in Baltimore: No. 933 Pennsylvania Ave St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): M

6-DATE OF BIRTH: August 4th, 1894
(Month) (Day) (Year)

7-AGE: 21 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 707
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Thos. Wilson

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Bokes

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Davis

(Address) 2411 Oak St.

15- Filed APR 22 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: April 19th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1916, to April 19th, 1916, that I saw h— alive on April 16th, 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 1 yrs. 15 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

419, 191.. (Address) 924 Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: April 22, 191.6

20-UNDERTAKER: John H Owens — ADDRESS: 1122 Pennsylvania Ave

important. See Instructions on back of certificate.

C94430

HEALTH DEPARTMENT---CITY OF BALTIMORE

C94430

CERTIFICATE OF DEATH

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Holbrook ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Kuetzel

(Residence in Baltimore: No. 1610 Holbrook St.; 2 yrs. 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 1 (Day) 1913 (Year)

7-AGE: 2 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: John Kuetzel

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Emma Hill

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant): John Kuetzel

(Address): 1610 Holbrook

15- APR 22 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 15, 1916, to April 21, 1916, that I saw h.. alive on April 20 1916, and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Spine

(Duration) since birth yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Marasmus due to above

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John Savich M.D.

April 21, 1916. [Address] 5936 Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: April 22, 1916

20-UNDERTAKER: A Kurtz & Co

ADDRESS: 2108 Eden

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94431 C94431

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Inf. ST.) 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Fonduric.

(Residence in Baltimore: No. 1635 Thames St. St.; 1 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September (Month) — (Day), 1914. (Year)

7-AGE, 1 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Frank Fonduric

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Pauline Michael

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Fonduric Sr.

(Address) 1635 Thames St

15- Filed APR 22 1916 191.... HARRY C. ARTHUR Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 21 1916, that I saw her alive on April 21 1916, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Rud C. Berry M. D.

....., 191... (Address) U. P. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 1 yrs. 7 mos. ds.

Where was disease contracted, if not at place of death? 1635 Thames St

Former or usual residence 1635 Thames St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Apr 22, 191.6

20-UNDERTAKER Jos. L. Cook ADDRESS 1003 W. Balto

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94432 — 104 — C94432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 W. West ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Smothers

(Residence in Baltimore: No. 518 W West St.; —yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct. 1, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: NONE.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Smothers

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mamie Greene.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarrie Smothers

(Address) 518 W. West St

15- Filed APR 22 1916 HARRY C. ALLEN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1 1916, to Apr. 20 1916, that I saw h[er] alive on Apr. 18 1916, and that death occurred, on the date stated above, at 2[15] p.m.

The CAUSE OF DEATH* was as follows:

Cholera infantum

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. 10 ds.

(Signed) M. G. Faulkinger M. D.

4-21-, 191... (Address) 6 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mt Auburn Cem	April 22, 1916.
20-UNDERTAKER	**ADDRESS**
C. W. Brown & Son	1017 Monty St

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

C94433 C94433

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Nelson

(Residence in Baltimore: No. 2222 Hunter Alley St.; 36 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1880 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed APR 22 1916 HARRY C. ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 4 1915, to April 20 1916, that I saw h.. alive on April 20 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Prostate

Clinical Diagnosis

(Duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial insuff

(Duration) 1 yrs. 2 mos. 2 ds.

(Signed) W. S. Thayer M. D.

April 20, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2222 Hunter Alley

19-PLACE OF BURIAL OR REMOVAL, Essex Co. Va Tappahannock Va | DATE OF BURIAL, April 22, 1916

20-UNDERTAKER L. L. Brown's Son | ADDRESS 10 & W Main St

Tappahannock Va

Close of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

C94434

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94431

CERTIFICATE OF DEATH.

40

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Collington Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Strong

(Residence in Baltimore: No. 4 N. Collington Ave St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 5, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Work

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Wienecke

(Address) 4 N. Collington Ave

15- APR 22 1916 HARRY C. ANDREWS
Filed ....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 3" 1916, to Apr 20" 1916, that I saw h[er] alive on Apr 20" 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism

Carcinoma of Liver

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hildegarde Robertson M. D.

April 21" 1916 (Address) 1129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem.	April 22, 1916.
20-UNDERTAKER	**ADDRESS.**
H. Vander Sons	1710 Pearl St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94435

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W 36 ST.; 13 WARD) REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariel M. Hight

(Residence in Baltimore: No. 700 W 36 St.; 9 yrs., mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Mar (Month) 30 (Day), 1907 (Year)

7-AGE, 9 yrs. mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER, Harry High

11-BIRTHPLACE OF FATHER (State or Country), Balt City

12-MAIDEN NAME OF MOTHER Lesly F Grimes

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry High

(Address) 700-36 W.

15- Filed APR 22 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 22 1916, that I saw h.er alive on April 21 1916, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(Duration) yrs. mos. 14 ds.

(Signed) C Houghton M. D.

4-22, 1916. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, April 22 1916.

20-UNDERTAKER Thenowath Son — ADDRESS Chestnut Ave

1 P.M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94436

CERTIFICATE OF DEATH.

151

C94436

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Marling Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Crew

(Residence in Baltimore: No. 1308 Marling St.; —yrs., —mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, 4 (Month) 18 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt city

PARENTS.

10-NAME OF FATHER, John Crew

11-BIRTHPLACE OF FATHER (State or Country), Balt city.

12-MAIDEN NAME OF MOTHER Maggie Gauntt

13-BIRTHPLACE OF MOTHER (State or Country), Balt City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Crew

(Address) 1308 marling Ave

15- APR 22 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-18 1916, to 4-21 1916, that I saw her alive on 4-21 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Premature Gestation (7 months)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Mother Failing

(Duration) ....yrs. ....mos. ....ds.

(Signed) C Hougan M. D.

4/21, 1916. (Address) 3701 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Apl 22 1916

20-UNDERTAKER Thanhouser & Son — ADDRESS Chestnut Ave

Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94437 C94437

CERTIFICATE OF DEATH.

8 120

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1944 N. Lafayette Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. George A. Davis.

(Residence in Baltimore: No. 1944 N. Lafayette Ave St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, June 25th, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Steamboat
(b) General nature of industry, business, or establishment in which employed (or employer): Captain 50 yrs

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Davis.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Clow

(Address) 1944 N. Lafayette Ave

15- APR 22 1916 HARRY C. ANDREWS
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 191 5, to April 21 191 6, that I saw h.im alive on April 21 191 6, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

1. Bright's Disease
2. Uremia Exhaustion

(Duration) 1 yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Chas. H. Burhans M. D.

April 22, 191 6 (Address) 1100 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Camp Parole Md. DATE OF BURIAL, 4-23-24, 1916

20-UNDERTAKER E & B Hale ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94438 C94438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Binney ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May E. Baust.

(Residence in Baltimore: No. 1109 Binney St.; 1 yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 30 (Month) (Day), 1915. (Year)

7-AGE, 1 yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Baust.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary A. Finnerty

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Baust

(Address) 1109 Binney St.

15- Filed APR 22 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 20 1916, that I saw her alive on April 19 1916, and that death occurred, on the date stated above, at 7 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) J. B. Wilson M. D.

April 22, 1916. (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	April 25, 1916.
20-UNDERTAKER Lilly & Feiler	ADDRESS 403 S. Wolfe

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Mancusa

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94439 C94439

CERTIFICATE OF DEATH.

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Mancusa

(Residence in Baltimore: No. 1017 Aisquith St.; 10 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 25 (Day), 1906 (Year)

7-AGE, 10 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Raimondo Mancusa

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Montalto

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raimondo Mancusa

(Address) 1017 Aisquith St.

15- APR 22 1916 [illegible] Burial Permit Clerk

191.... 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to Apr. 19th 1916, that I saw h[illegible] alive on April 19th 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

acute Endocarditis

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Testa M. D.

191... (Address) 220 Pearl St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, April 22nd 1916

20-UNDERTAKER Lilly & Zile ADDRESS 403 S Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C94440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Lancaster ST.; 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Louisa Harris

(Residence in Baltimore: No. 1728 Lancaster St.; Hospital Inst. Nos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 18 (Month) (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. 6 mos. 2 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William Reeves

11-BIRTHPLACE OF FATHER (State or Country), Bristol Eng.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Limrick Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel A. Harris

(Address) 520 S. Durham St.

15-

Filed APR 22 1916, 191.... HARRY C. ANDREWS

BURIAL PERMIT Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 20 1916, that I saw h[illegible] alive on April 20 1916, and that death occurred, on the date stated above, at 3:40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coma -

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

April 21, 1916. (Address) 125 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto. Cemetery	April 24, 1916
20-UNDERTAKER Lilly & Zeller	ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 22 1916 HEALTH DEPARTMENT—CITY OF BALTIMORE

94441

CERTIFICATE OF DEATH. 28

94441

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 612 S Port ST.: 1 WARD)

2-FULL NAME George Hoffman

(Residence in Baltimore: No. 612 S. Port St.; yrs. 4/12 mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1871 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver 6 2
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) ~~Unknown~~ Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine H. Hoffman

(Address) 612 S. Port St.

15- APR 22 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Moses M Savage, M. D. (Coroner)

Apr. 21, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, April 24, 1916

20-UNDERTAKER Lilly Zeiler

ADDRESS 4033 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M & T.—500 Bks.

C94442

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94442

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 10 E Lanvaltin av ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J. Donohue

Residence in Baltimore: No. 10 E Carrollton ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Nov 1, 1866 (Month) (Day) (Year)

7-AGE. 49 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: night watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 702

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Timothy Donohue

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Clancy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Donohue

(Address) 10 E Carrollton Ave

15- Filed APR 22 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1915, to April 20 1916, that I saw him alive on April 9 1916, and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph E Grove M. D.

April 21 1916 (Address) 1520 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, April 24, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lks.

C94443

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94443

CERTIFICATE OF DEATH.

39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 19 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John G Holmes

(Residence in Baltimore) No. 1629 Mulberry St St.; ...yrs.,...mos.,...ds.)

A

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, February 23, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpet Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer): 640

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Seth Holmes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Olivia Krueger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 22 1916 Filed..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to April 20 1916, that I saw h.. alive on April 20 1916, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma floor of mouth –

(Duration) ...yrs. 7 mos. ...ds.

CONTRIBUTORY (Secondary) Carcinoma following operation

(Duration) ...yrs. 7 mos. 2 ds.

(Signed) Hunt R. Reed M. D.

April 20, 1916, (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. 1 mos. 3 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1629 Mulberry St

19-PLACE OF BURIAL OR REMOVAL, London Cork

DATE OF BURIAL, April 16, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

C94444

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C94444

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Cromwell

(Residence in Baltimore: No. 1500 Vine St ST.: Not known

yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address).....

15- APR 22 1916

HARRY C. ANDREWS 191.. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 21 1916, to Apr. 21 1916, that I saw her alive on Apr. 21 1916 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 4 ds.

(Signed) Edward H. Smith M. D.

Apr 24, 1916 (Address) Lillienthal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 2 mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Montreal Expt

Former or usual residence 1500 Vine St.

19-PLACE OF BURIAL OR REMOVAL, Mt Ver de Grace — DATE OF BURIAL, 4-22-16

20-UNDERTAKER E & B Hale — ADDRESS 115 E Lexington St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(94445) **CERTIFICATE OF DEATH** (94445)

1 PLACE OF DEATH — Registered No. C 120

CITY OF BALTIMORE (No. 1048 W Fayette St. 18 Ward)

2 FULL NAME Minerva Hoshall

(Residence in Baltimore: No. 1048 W Fayette St.; 7 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Jan 10, 1840 (Month) (Day) (Year)

7 AGE: 76 yrs. 4 mos. 10 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Eli Kidd

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Cooper

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Hoshall

(Address) 1048 W. Fayette St.

APR 22 1916 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1916, to April 20 1916, that I saw h— alive on April 20, 1916, and that death occurred, on the date stated above, at 12.33 p m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. mos. 2 ds.

(Signed) J. Harry Bullard M. D.

4/22/16, 191 (Address) 2124 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Dillon Market Baltimore Co Md. | DATE OF BURIAL: April 23, 1916

20 UNDERTAKER: George J. Lane & Co. | ADDRESS: 1000 Fayette St E

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Scott ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Griese

(Residence in Baltimore: No. 522 Scott St.: Life ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND ETATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, Oct. (Month) 4 (Day), 1859 (Year)

7-AGE, 56 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Griese

(Address) 522 Scott St.

15- APR 22 1916 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11 1916, to Apr 19 1916, that I saw h[illegible] alive on April 19 1916, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) General Carcinoma

(Duration) ... yrs. ... mos. ... ds.

(Signed) Joseph E. Muse M. D.

April 20, 191... (Address) 1520 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, 4-22, 1916

20-UNDERTAKER H. C. Brauning & Son — ADDRESS 517 N. Schroeder St

C94447

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66

C94447

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 3404 Dural Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Stephen E. Sweeny,

(Residence in Baltimore: No. 3404 Dural Ave, Walbrook St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), (Day), 1851 (Year)

7 AGE: 65 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas Sweeny

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Delacy

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bessie A. Fitzgerald

(Address) 3404 Dural Ave

15 APR 22 1916 Filed ....., 19.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Apl 21 (Month) (Day), 1916 (Year).

17 I HEREBY CERTIFY, That I attended deceased from Jany 5th, 1914, to Apl 20 - 1916;
that I saw h.im alive on Apl 19 - 1916,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Paralysis - Hemiplegia -

(Duration) 2 yrs. 3 mes. 15 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mes. ..... ds.

(Signed), Louis M Knight, M. D.

Apl 22, 1916 (Address) 414 N. Greene St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: April 22 1916

20 UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94448

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94448

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 W. Lanvale St - ST. 16 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Surratt

(Residence in Baltimore: No. 1004 W. Lanvale St, about 45 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 13, 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. ..... mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Wash. D.C.

PARENTS

10-NAME OF FATHER: John H. Surratt

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Mary E. Jenkins

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary V. Surratt

(Address) 1004 Lanvale St.

APR 22 1916 Filed ..... 19..

HARRY [illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16 - 1916, to April 21 - 1916, that I saw h[illegible] alive on April 21 - 1916, and that death occurred, on the date stated above, at 9.20 a m.
The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia with Effusion

about five weeks (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Inanition about 4 weeks (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carlton McCarty M. D.

April 22 - 1916 (Address) 1107 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Apr. 24, 1916

20-UNDERTAKER: E. M. Mitchell & Co. — ADDRESS: 1201 W. Fayette

Spec. 24-14—M. & T.—2000 Bks.

C94449

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94449

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 417 S Chapell ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lahner

Residence in Baltimore: No. 417 S. Chapel St.; — yrs., 1 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 16, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. Henry Lahner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER. Augusta Weimer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Lahner

(Address) 1921 Hoet St

15- Filed APR 22 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 19 1916, to Apr 21 1916, that I saw him alive on Apr 20 1916, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma Intestines

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) A. L. Trumbower M. D.

Apr. 21, 1916 (Address) 2013 Banks St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Apr 22, 1916.

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

C91450

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 837 Hollins ST.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Carver

(Residence in Baltimore: No. 837 Hollins, St.; yrs., 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 28, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Augustus Hencer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nannie Carver

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Hinckeliff

(Address) 837 Hollins St

15- APR 22 1916 HARRY C. ANDREWS
Filed ....., 191. Burial Permit Clerk...
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

Apr 22 1916 (Address) 242 W. Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	April 22, 1916

20-UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(91451) (91451)

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 54 W Lafayette Av ST.: 17 WARD)

2-FULL NAME Alice Boston

(Residence in Baltimore: No. 54 W Lafayette Av. St.; 2 Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1877 (Year)

7-AGE: 39 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Robert Boston

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rosie Chew

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosie Boston

(Address) 54 W Lafayette Ave

15- APR 22 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1915, to April 20 1916, that I saw h.. alive on April 20 1916, and that death occurred, on the date stated above, at 11½ a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. 5 mos. 6 ds.

Contributory (SECONDARY) of Pneumonia

(Duration) — yrs. 2 mos. — ds.

(Signed) Edward J. Wheatley M. D.

April 22, 1916 [Address] 1220 S. 16th St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 4/22/1916

20-UNDERTAKER: Samuel S. Hemsley ADDRESS: 1817 Biddle St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94452

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94452

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C 1720

CITY OF BALTIMORE (No. 327 Collins Ave St. 20 Ward)

2-FULL NAME Carolina K Burke (Burke)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 327 Collins Ave St. 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: White | 5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Sept. 30, 1868 (Month) (Day) (Year)

7-AGE: 47 yrs. 6 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Philadelphia Pa

PARENTS

10-NAME OF FATHER: Adam Hafele

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Barbara C. Hafele

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry A Burke

(Address) 327 Collins Ave

APR 22 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 1916, to, April 19 1916, that I saw h.. alive on April 18, 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) 2 yrs. 3 mos. ds

Contributory (SECONDARY) Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Wm Tower M. D.

4/19/16, 191..... (Address) 2200 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park. | DATE OF BURIAL: April 22, 1916.

20-UNDERTAKER: Geo. L. Schwab & Bro | ADDRESS: 2101 Frederick Ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94453

CERTIFICATE OF DEATH

C94453

PLACE OF DEATH

REGISTERED No. C 79

CITY OF BALTIMORE (No. 1307 Eutaw St ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Brainard King

(Residence in Baltimore: No. 1307 Eutaw St St. 50 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Sept (Month) 10 (Day), 1849 (Year)

7-AGE: 66 yrs. 7 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer (Helper)
(b) General nature of industry, business, or establishment in which employed (or employer): 022

9-BIRTHPLACE (State or country): York Pa

PARENTS

10-NAME OF FATHER: John King

11-BIRTHPLACE OF FATHER (State or country): Lancaster Pa

12-MAIDEN NAME OF MOTHER: Margaret Blatchly

13-BIRTHPLACE OF MOTHER (State or country): Balto. County Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Mitchell

(Address) 1307 Eutaw St

15- APR 22 1916 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1916, to. Apl 20 1916, that I saw h-- alive on April 20, 191 6, and that death occurred, on the date stated above, at 10 p m.
The CAUSE OF DEATH* was as follows:

Malarial Heat Disease

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Cons

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. H. Robinson M. D.

April 21, 1916 (Address) 726 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery.	April 23 1916.
20-UNDERTAKER	**ADDRESS**
Geo. L. Schwab & Bro.	2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C94454

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C94454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie G. [illegible]

(Residence in Baltimore: No. 654 Raborg St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... Not Known, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Court St

15- Filed APR 22 1916, 191... HARRY C. ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 7 1916, to Apr 19 1916, that I saw h[illegible] alive on Apr 19 1916, and that death occurred, on the date stated above, at 8:50 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Acute (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Apr 22, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 654 Raborg St.

Former or usual residence 654 Raborg St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR. 22, 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94455

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C94455

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1606 N Washington St. 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Laura H. Gibbons

(Residence in Baltimore: No. 1606 N Washington St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH July 24, 1886 (Month) (Day) (Year)

7-AGE 29 yrs. 8 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Checking Clerk at the Belvedere
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

9-BIRTHPLACE (State or country) Somerset County Md

PARENTS

10-NAME OF FATHER John E. Gibbons

11-BIRTHPLACE OF FATHER (State or country) Somerset County Md

12-MAIDEN NAME OF MOTHER Hester A Parker

13-BIRTHPLACE OF MOTHER (State or country) Somerset County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie J Gibbons

(Address) 1606 N. Washington

15 APR 22 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apr 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1915, to Apr 21 1916, that I saw h[er] alive on Apr 21, 1916, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Uraemic convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Chronic Parenchymatous Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J Frederick E. Hearnes M. D.

Apr 21, 1916 (Address) 1301 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Princess Anne Somerset Co

DATE OF BURIAL April 23, 1916

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94456 C94456

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Mikens Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ellen Bodenstedt

(Residence in Baltimore: No. 2712 Mikenside St.: 61 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Widow

6-DATE OF BIRTH, Aug. (Month) 1 (Day) 1854 (Year)

7-AGE, 61 yrs. 8 mos. 20 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... NONE.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Robt. H. Andrew

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Rachel C. Felty

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna D Smith

(Address) 2712 Mikens Ave.

15- APR 22 1916 Filed..... 191.....

Per H. Andrews

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to Apr. 21 1916; that I saw h[illegible] alive on Apr 20 1916; and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) yrs. mos. ds.

(Signed) W. C. Fuhrmeyer M. D.

4-22-, 1916 (Address) 602 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, April 24, 1916

20-UNDERTAKER Jas B Cook — ADDRESS 1003 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94457

CERTIFICATE OF DEATH.

14th C94457

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infy ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arden Keith Allen

(Residence in Baltimore: No. 1628 E Clement St. Locust Pt. St.; ..... yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 19, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, George W. [redacted] Allen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore-Md

12-MAIDEN NAME OF MOTHER Bertha Simard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Allen

(Address) 1628 E Clement St

HARR[redacted]S

Burial Permit Clerk HARRY C. ANDREWS

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 22 1916, that I saw him alive on April 21 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Infection of Scalp

Weakness

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo C. Brown M. D.

....., 191... (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, April 23, 191 6.

20-UNDERTAKER Jos B. Cook

ADDRESS 1003 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94458

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

C94458

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1359 Glyndon Ave St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Bowerson

(Residence in Baltimore: No. 1359 Glyndon Ave St.; 70 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, William Cones

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horatio Bowerson

(Address) 1359 Glyndon Ave

15- HARRY C. ANDREWS

Filed APR 22 1916 ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 22 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 22 1916, that I saw h[illegible] alive on " 22 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Stephen A. Dean M. D.

April 22 1916 (Address) 1359 Glyndon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	April 24 ....., 1916.
20-UNDERTAKER Joseph L. Cook	ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

(94459)

REGISTERED NO. C (94459)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Vine ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Galaway

(Residence in Baltimore: No. 1038 Vine St; St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Child

6-DATE OF BIRTH, Nov 8th, 1911. (Month) (Day) (Year)

7-AGE 4 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Alexandria Va

PARENTS.

10-NAME OF FATHER, John Galaway

11-BIRTHPLACE OF FATHER (State or Country), Alexandria Va

12-MAIDEN NAME OF MOTHER, Mary Lidia Galaway

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Tadlock M.D.

(Address) 117 N Caroline St

15- APR 22 1916 Filed....., 191.....

HARRY C. ARENTS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15th 1916, to April 20th 1916, that I saw him alive on April 20th 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 5 days.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Tadlock M. D.

April 22nd, 1916. (Address) 117 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL;	DATE OF BURIAL,
Laurel cmtry	April 23, 1916
20-UNDERTAKER	**ADDRESS**
Alfred J. Freeland	1144 Druid

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 78

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Md Hosp ST.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Bentley

(Residence in Baltimore: No. 914 Vincent St

St.; yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Junk 65
(b) General nature of industry, business, or establishment in which employed (or employer) Collector

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Horace Bentley

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Bentley

(Address) 632 Lanvale St

15-

FILED APR 22 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dil

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Mc Fee M. D.
(Coroner)

April 20, 191.. (Address) 24 E N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State 15 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 914 Vincent St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, April 23, 191..

20-UNDERTAKER Alfred J Haviland

ADDRESS 1143 Chuchill St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(C 94461) 164 C 94461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 549 W Barre ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Colletty.

(Residence in Baltimore: No. 549 W Barre St.; ..... yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, or DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Feb- 14th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS

10-NAME OF FATHER, Paul Colletta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Annie Guieris

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Colletta

(Address) 549 Barre St

15- Filed APR 22 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10th 1916, to April 22 1916, that I saw him alive on April 22 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bottle fed baby
Gastro Intestinal infection

(Duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Gastro Intestinal intoxication

(Duration) ..... yrs. 1 mos. 10 ds.

(Signed) S. J. Denison M. D.

4-23, 1916 (Address) 16 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine	April 23 1916
20-UNDERTAKER John J. Conway & Son	ADDRESS 1301 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94462

HEALTH DEPARTMENT--CITY OF BALTIMORE (Oriano)

CERTIFICATE OF DEATH

91

C94462

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 713 W Lexington ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Faulkner Oriano

(Residence in Baltimore: No. 713 W Lexington St ST. 3 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Dec 21, 1912
(Month) (Day) (Year)

7-AGE 3 yrs. 4 mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Washington DC

PARENTS

10-NAME OF FATHER [redacted] Oriano

11-BIRTHPLACE OF FATHER (State or country) Wash. DC

12-MAIDEN NAME OF MOTHER Mary Falkner

13-BIRTHPLACE OF MOTHER (State or country) New York N.Y

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter C Bacon

(Address) 108 E 20th St

APR 22 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 21, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1916 to April 21 1916, that I saw him alive on April 21, 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Respiratory Failure

(Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed), Walter C Bacon M. D.

4/21/16, 191.... (Address) 108 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St Peters Leicester | DATE OF BURIAL April 22, 191.

20-UNDERTAKER John J Oriano | ADDRESS 908 Aliceanna St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94463

CERTIFICATE OF DEATH.

120

C94463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Linden Ave ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-NAME Elias S. Cytinge

(Residence in Baltimore: No. 2042 Linden Ave St.; ... yrs., 11 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 15th, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 8 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Cytinge

11-BIRTHPLACE OF FATHER (State or Country), Holland Germany

12-MAIDEN NAME OF MOTHER Sarah Frank.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Hess

(Address) 2042 Linden Ave.

15- FILED APR 22 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 21 1916, that I saw h— alive on April 21 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) L. Adelsmann M. D.

April 22, 1916. (Address) 1920 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chev. Shalom	April 23 1916.
20-UNDERTAKER	ADDRESS
Howard Southerin	115 W. Fayette Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94464 C94464

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Purnell

Residence in Baltimore: No. 612 N. Chapel St.; ....yrs., 4 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- APR 23 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 21 1916, that I saw her alive on April 21 1916, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

(Signed) P. H. Eschbach M. D.

April 21, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 612 N. Chapel

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, April 23rd 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1726 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

C94465

C94465

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 27th St. ST.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Crawford Jingling.

(Residence in Baltimore: No. 4106 27th St. St.; 45 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 9 (Day) 1870 (Year)

7-AGE, 45 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Wife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Mc Lean

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Annie R. Mc Lean

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Jingling

(Address) 410 E. 27th Street

15- Filed APR 23 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 19th 1915, to April 22nd 1916, that I saw h-r alive on April 22nd 1916, and that death occurred, on the date stated above, at 7.50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Lungstrey M.D.

April 22, 1916. (Address) 257 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 25, 1916

20-UNDERTAKER William Cook

ADDRESS 752 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C94466

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1010 E. 20th ST.; 9 WARD)

REGISTERED NO. C.....

2-FULL NAME Hannah Bellingham

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1010 E. 20th St. 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Nov 15, 1834 (Month) (Day) (Year)

7-AGE: 81 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Scotland

PARENTS.

10-NAME OF FATHER: James Wallace

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Jamie Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. E. Hoopman

(Address) 1010 E 20th Street

15- APR 23 1916 HARRY C. AULDEWD

Filed....., 191.. Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to apr 21 1916, that I saw h[er] alive on apr 21 1916, and that death occurred, on the date stated above, at 8 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Gall Stones Chronic Myocarditis

(Duration)..... yrs..... mos..... ds.

(Signed) Harry B. Cook M. D.

Apr 22, 1916 (Address) 702 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Cemetery — DATE OF BURIAL, April 24, 1916.

20-UNDERTAKER Harford Co. William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mr Cook I will drive in auto.

Spec.—8-14-14—M. & T.—2000 Bks.

C 94467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C 94467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Elliott

(Residence in Baltimore: No. 939 Sarah Ann St. St.; — yrs. — mos. — ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state information asked for carefully and fully supplied. ACE should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown 1873
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Western District Police

(Address)..... Pine St.

15- Filed APR 23 1916, 191... HARRY (ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 191 6, to Apr 20 191 6, that I saw h.. alive on Apr 20 191 6, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Apr. 22, 1916. (Address) Wind Hop

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ½ hr. In the State ..... yrs. ..... mos. ? ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 939 Sarah Ann St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	April 22, 1916.
20-UNDERTAKER Charles B. Jones	ADDRESS 506 Rogers St

Dr Jeffers 242 N Haffman ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94468 C94468

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 S. Patterson Pk Av ST.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Goldstein

(Residence in Baltimore: No. 330 S. Patterson Pk Av. St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Goldstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hannah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Solomon Naruneky

(Address) 330 S. Patterson Park Ave

15-APR 23 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to April 22nd 1916, that I saw h[illegible] alive on April 22d 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Indegestion

Congestion of Lungs Dyspnea

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dyspepsia from arterio-Sclerosis Don't Know

(Duration) yrs. mos. ds.

(Signed) Alpers Whitehead M. D.

April 22, 1916. (Address) 1213 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 330 S Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL, Leber Rosedale — DATE OF BURIAL, April 23 1916

20-UNDERTAKER J. Levinson & Bro — ADDRESS 1107 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94469 C94469

CERTIFICATE OF DEATH.

REGISTERED NO. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 School ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dorsey

(Residence in Baltimore: No. 601 School St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1889 (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE, (State or Country), A. A. Co Md

PARENTS.

10-NAME OF FATHER, Wm Dorsey

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co Md

12-MAIDEN NAME OF MOTHER Rose Holmes

13-BIRTHPLACE OF MOTHER (State or Country), A. A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Dorsey

(Address) 601 School St.

15- APR 23 1916 Filed ....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) April 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1916, to Apr 21 1916, that I saw him alive on Apr 20 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis
Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) E. William Frey M. D.

Apr 22, 1916 (Address) 1428 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 23, 1916.

20-UNDERTAKER James H Dennis — ADDRESS 20 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C34470 C34470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1952 Hanover St ST.: 23 WARD)
Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma L Green

(Residence in Baltimore: No. 1952 Hanover St St.; yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 5 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William E Green

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Charlotte Daer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Green

(Address) 1952 Hanover St

15- Filed APR 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries between mother and Father

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) accidental Suffocation Smother

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw Gruenert M. D.
(Coroner.)

4/22, 1916 (Address) 311 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	April 23, 1916
20-UNDERTAKER	ADDRESS
J Fen Mitchell	32 E Fort

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

C91471

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91471

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Harford Ave. St.; 9 WARD)

Registered No. C.....

2-FULL NAME Mary R. Rittershofer.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2308 Harford Ave. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: W.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. 2, 1872 (Month) (Day) (Year)

7-AGE: 44 yrs. 2 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Rittershofer

(Address) 2312 Harford Ave.

15- Filed APR 23 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 21. (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1916, to, April 21, 1916, that I saw h 21 alive on April 21 1916, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (SECONDARY) Acute Interstitial Nephritis
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Hartman M. D.

April 22, 1916 [Address] 1121 N. Carlton St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem'y. DATE OF BURIAL: April 24 1916

20-UNDERTAKER: Frank G. Fink ADDRESS: 916 N. Gay St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Rigester ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas J. Lauer

(Residence in Baltimore: No. 1708 N. Rigester St.; 33 yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 10, 1882
(Month) (Day) (Year)

7-AGE, 33 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Beer Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frank Lauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Lauer

(Address) 1708 N. Rigester

15- Filed APR 23 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from OCT 10 1915 191..., to APR 20 1916 191..., that I saw h IM alive on APR 20 1916 191... and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis following
Empyema

(Duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) X yrs. 6 mos. X ds.

(Signed) O. H. Dukes M. D.

APR 22 191 (Address) 928 S. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Apr 24 1916.
20-UNDERTAKER Philip Herwig	ADDRESS 206 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94473 151 C94473

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 W Fayette ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Main

(Residence if not in Baltimore: No. 1428 W Fayette St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr 22, 1916 (Month) (Day) (Year) 1916

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore md

PARENTS.

10-NAME OF FATHER, Noah C Main

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER Edith C Turner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Noah C Main

(Address) 1428 W Fayette St

15- APR 23 1916 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1916, to ....191...., that I saw h.. alive on Apr 22 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature birth - (7 mos.)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) M Bor

..... (Duration).....yrs.....mos.....ds.

(Signed) M Beeman Lord M. D.

Apr 22, 1916. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, 4/23, 1916

20-UNDERTAKER Robert Bowker — ADDRESS Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91474 C91474

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Minnis

(Residence in Baltimore: No. 1818 McCulloh St St.; ..... yrs., 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Black	Single

6-DATE OF BIRTH, August 27nd, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 8 ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John C Minnis Jr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elza Diggs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 23 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to April 22 1916, that I saw her alive on April 22 1916, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Laryngitis, acute

..... (Duration) ....yrs. ....mos. 5 ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 2 ....ds.

(Signed) Kenneth F Maxcy M. D.

4/25, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 8 mos. ....ds.

Where was disease contracted, if not at place of death? 1818 McCulloh St

Former or usual residence 1818 McCulloh St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	4/25, 1916

20-UNDERTAKER	ADDRESS
Samuel T Kennedy	578 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94475 C94475

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N. Madiera St.; 7 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H Donnell

(Residence in Baltimore: No. 612 N Madiera St.; 51 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 1 (Month) — (Day) 1865 (Year)

7-AGE, 51 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 55
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Mobile Shop

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Donnell

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos E Donnell

(Address) 1817 McCulloh St

15- APR 23 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to April 22 1916, that I saw h.m alive on April 21 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 7 ds.

(Signed) A Roeder M. D.

April 22, 1916. (Address) 1904 E Lafayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cem — DATE OF BURIAL, 4/24, 1916.

20-UNDERTAKER Samuel Greenberg — ADDRESS 518 N Bridge

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94476 C94476

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 W. 23rd St ST.; 12 WARD) REGISTERED NO. C.....

2-FULL NAME Vincent Gaetano

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 435 W 23rd St St.; age 1 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug (Month) 27 (Day), 1914 (Year)

7-AGE, 1 yrs. 7 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Vincenzo Gaetano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosalia DeToni

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenzo Gaetano

(Address) 435 W. 23 St.

15- Filed APR 23 1916, 191..... HARRY ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1916, to Apr 21 1916, that I saw h[illegible] alive on Apr 21 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

I. Bronchio Pneumonia

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Louis L. Mc[illegible] M. D.

Apr 22, 1916. (Address) 1038 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, April 24, 1916

20-UNDERTAKER Wallace Cook — ADDRESS 502 E North

Spec.—8[illegible]14—M. & T.—2000 Bks.

C94477

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94477

CERTIFICATE OF DEATH.

× 131

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden Ave + Madison ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Emma Almony

(Residence ~~in Baltimore~~: No. Maryland General Hospital St.; yrs., mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dont know ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 833

9-BIRTHPLACE, (State or Country), White Hall Md

PARENTS.

10-NAME OF FATHER, James Almony

11-BIRTHPLACE OF FATHER (State or Country) White Hall Md

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country). White Hall Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Almony

(Address) White Hall Md

15- Filed APR 23 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12, 1916, to April 23 1916, that I saw her alive on April 23, 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Hypertoxic Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Secondary to Abscess of Liver unknown

Pneumonia Grippal (Duration) yrs. mos. ds.

(Signed) S. D. Shannon M. D.

April 25, 1916. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence White Hall, Md.

19-PLACE OF BURIAL OR REMOVAL, White Hall Balto Co

DATE OF BURIAL, April 25, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 94478 — 113 — C 94478

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 19 N. Linwood Ave St.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME John William Eifes

(Residence in Baltimore: No. 19 N. Linwood Ave St.; .....yrs. .....mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE,	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6—DATE OF BIRTH, March 15, 1849
(Month) (Day) (Year)

7—AGE. 67 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Germany

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Eifes

(Address) 19 N. Linwood ave

15— APR 23 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, April 21, 1916
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Mar. 24 1916, to April 21 1916, that I saw h.. alive on April 21 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

1 Tabular Dis. Heart
Bronchitis

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Liver

(Duration) .....yrs. .....mos. .....ds.

(Signed) Gustav C. Hemp M. D.

April 21, 1916 (Address) Hotel Cassety

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19—PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	April 23 1916
20—UNDERTAKER	ADDRESS
Wendell Dippel & Son	378 Ann St

C94479

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

C94479

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 671 W Mulberry St. Ward) 4

2-FULL NAME Stephen Ingres

Residence in Baltimore: No. 671 W Mulberry St. 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widower

6-DATE OF BIRTH unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Cook on B & O R R.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balt city

PARENTS

10-NAME OF FATHER James Ingres

11-BIRTHPLACE OF FATHER (State or country) Cambridge Md

12-MAIDEN NAME OF MOTHER Lebie Young

13-BIRTHPLACE OF MOTHER (State or country) Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie H Arrish

(Address) 671 W Mulberry St

15- Filed APR 23 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to April 21 1916, that I saw h. alive on April 21 1916, and that death occurred, on the date stated above, at 5 30 P m.
The CAUSE OF DEATH* was as follows:

Bronchitis (Acute)
(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Broncho Pneumonia
(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Frank R Yerrow M. D.

April 24, 1916 (Address) Frank R Yerrow

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL April 24 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Paca St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C94480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 31 C94480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benton Hall

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, unknown ....., 1897.. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
26 yrs. ..... mos. ..... ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Edmund Burley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rebecca Nicholson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Harrow

(Address) 9a Randall Ln. Md.

15-

Filed APR 23 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to Apr. 22, 1916, that I saw him alive on Apr. 22, 1916, and that death occurred, on the date stated above, at 4:10 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Post peritoneal glands

(Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Brueckner M. D.

4-22-, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Glenburnie Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft Auburn Cemetery	April 25, 1916
20-UNDERTAKER	**ADDRESS**
Geo H Hooper	1631 Eutaw Place

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1723 Pennsylvania ave. ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rubin Klawansky,

(Residence in Baltimore: No. 1723 Pennsylvania ave.

16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Widowed,

6-DATE OF BIRTH, November (Month) 5th (Day), 1840 (Year)

7-AGE, 75 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker,
(b) General nature of industry, business, or establishment in which employed (or employer)..... retired 20 yrs.

9-BIRTHPLACE, (State or Country), Russia,

PARENTS.

10-NAME OF FATHER, Simon Klawansky,

11-BIRTHPLACE OF FATHER (State or Country). Russia,

12-MAIDEN NAME OF MOTHER Ida Samuelson,

13-BIRTHPLACE OF MOTHER (State or Country), Russia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Glass, son-in-law,

(Address) 1723 Pennsylvania ave.

15- Filed APR 23 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atheromatous myocarditis,

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis,

(Duration)..... yrs..... mos..... ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

April 23 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Rosedale — DATE OF BURIAL, 4/23 19.16

20-UNDERTAKER, Jack Lewis — ADDRESS Eastern Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C9448 2

HEALTH DEPARTMENT—CITY OF BALTIMORE 168

CERTIFICATE OF DEATH.

C9448 2

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 McCulloh street, ST.: 11 WARD)

2-FULL NAME Frank M. Tully,

Residence in Baltimore: No. 1103 McCulloh street, ST.: Lifetime

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Single,

6-DATE OF BIRTH, February (Month) 23d. (Day), 1873. (Year)

7-AGE, 43 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman,
(b) General nature of industry, business, or establishment in which employed (or employer): Hat store,

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Mark Tully,

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Bridget Riley,

13-BIRTHPLACE OF MOTHER (State or Country), Ireland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ryan, jr., friend,

(Address) 120 Augusta avenue.

15- Filed APR 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21st. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally asphyxiated by illuminating gas,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemper M. D. (Coroner.)

April 22 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Apr 24/16
20-UNDERTAKER	ADDRESS
George A Farley	Eutaw & Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

C9448 3 HEALTH DEPARTMENT—CITY OF BALTIMORE C9448 3

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Ashland ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Helen Charlotte Darrell

(Residence in Baltimore: No. 831 Ashland ave St.; ..... yrs., 10 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. 23 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER, James Darell

11-BIRTHPLACE OF FATHER (State or Country). Balto md

12-MAIDEN NAME OF MOTHER Katharine Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr James Darell

(Address) 831 Ashland ave

15- APR 23 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 19th 1916, to April 23 1916, that I saw her alive on April 23 1916, and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia, Coma
Lobata and Acute Heart

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. C. Hammond M. D.

April 1916 (Address) 1128 Eutaw 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	April 25, 1916.
20-UNDERTAKER	ADDRESS
Henry Heuck & Son	1301 E Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94484 C94484

CERTIFICATE OF DEATH.

119

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Kenwood Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Young.

(Residence in Baltimore: No. 726 N. Kenwood ave St.; 40 yrs., — mos., — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 31st., 1874. (Month) (Day) (Year)

7-AGE, 41 yrs. 7 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Employed on Water Tower
(b) General nature of industry, business, or establishment in which employed (or employer). Balto. City Fire department

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, John Young.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Young

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Young

(Address) 725 N. Kenwood ave

15-

Filed APR 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 1916, to April 21 1916, that I saw h— alive on April 21 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

1. Uraemia Convulsions

2.

(Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) acute Nephritis ?

(Duration) ? yrs. ? mos. ? da.

(Signed) J. H. Robertson M. D.

April 24, 1916. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Apr. 24, 1916
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

094485 094485

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 N. Central Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frieda Elizabeth Manly

(Residence in Baltimore: No. 1217 N. Central ave St.; 1 yrs., 10 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 5, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, John H. Manly

11-BIRTHPLACE OF FATHER (State or Country). Balto. md

12-MAIDEN NAME OF MOTHER Frieda Becker

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John H. Manly

(Address) 1217 N. Central Ave

15-

Filed APR 23 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 23 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs....mos. 13 ds.

CONTRIBUTORY (Secondary) Cerebral Congestion with Epilepsy

(Duration) ....yrs. 3 mos. 10 ds.

(Signed) Geo. H. Kaufman M. D.

April 23, 1916 (Address) 1121 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 25, 1916.

20-UNDERTAKER Henry Hooke & Son — ADDRESS 1301 E. Eager St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94486 151 C94486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 W. Hamburg St. ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baetus (8 mo.) Otta (Albrecht) Seigmund. Roland Seigmund

(Residence in Baltimore: No. 621 W. Hamburg St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	8 mo Baetus

6-DATE OF BIRTH, Apr. 22, 1916
(Month) (Day) (Year)

7-AGE, 8 mos. Baetus ....yrs....mos....ds.

If LESS than 1 day, 5 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Roland W. Seigmund

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Otta Albrecht

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P.S. Fowler

(Address) 1432 Gilliam St

15- Filed APR 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22 1916, to Apr 22 1916, that I saw him alive on Apr. 22 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

(Duration) ....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Philip B. Fowler M. D.

Apr. 22, 1916. (Address) 1432 Gilliam St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	April 24, 1916.
20-UNDERTAKER	ADDRESS
Jos Jenkins Son	2078 Pen

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94487

CERTIFICATE OF DEATH

91

C94487

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 855 Lombard St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Broholens

(Residence in Baltimore: No. 855 Lombard st. St.: ..... yrs. Life mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Mar. 3, 1914. (Month) (Day) (Year)

7-AGE 2 yrs. 1 mos. 19 ds. | If LESS than 1 day ..... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER Antonia Broholens.

11-BIRTHPLACE OF FATHER (State or country) Russia.

12-MAIDEN NAME OF MOTHER Helen Millosh.

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anthin Mikusaucus

(Address) 855 W. Lombard St

15. Filed APR 24 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Apl. 22, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl. 19, 1916, to Apl 22 1916, that I saw h~~im~~ alive on Apl. 21, 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Exhaustion.

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Harlut C Blake M. D.

Apl 22, 1916 (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 24 1916
20-UNDERTAKER John Grebliauckas	ADDRESS 500 S Paca St.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94488 C94488

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Bloome St. ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Shange

(Residence in Baltimore: No. 505 Bloome St. St.; 1 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 2, 18..
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Servant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Walter Shange

11-BIRTHPLACE OF FATHER (State or Country), Va Va

12-MAIDEN NAME OF MOTHER Jane Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jane Shange

(Address) 505 Bloome St

15- APR 24 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/18 1916, to 4/23 1916, that I saw h.. alive on 4/22 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Renal

..... (Duration).....yrs.....mos.....ds.

(Signed) B. Mc Clutte M. D.

4/23, 191... (Address) 1429 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 25 1916

20-UNDERTAKER Florence E Wright — ADDRESS 1364 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94489 C94489

CERTIFICATE OF DEATH.

1 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary. ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas #1

(Residence in Baltimore: No. Maryland Penitentiary St.; 4 yrs., 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, March 24, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. ..... mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General 243
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Nelson Thomas

11-BIRTHPLACE OF FATHER (State or Country), Tennessee

12-MAIDEN NAME OF MOTHER Annie Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thomas #1

(Address) Maryland Penitentiary.

15- Filed APR 24 1916, 191... ROBERT, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April - 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November - 27 1915, to April - 20 1916, that I saw him alive on April 19th 1916, and that death occurred, on the date stated above, at 6.05 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

Toxemia and Tuberculosis

..... (Duration) ..... yrs. ..... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ..... yrs. 4 mos. 2 3 ds.

(Signed) William F. Schwark M. D.

April 20, 1916 (Address) Md. Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 5 mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Back River, Md.

19-PLACE OF BURIAL OR REMOVAL, Chattanooga Tenn. DATE OF BURIAL, Apl. 24., 1916.

20-UNDERTAKER W. J. Sidenes & Sons ADDRESS Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94490 40 C94490

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Harford ST. 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta J. A. Senf.

(Residence in Baltimore: No. 1837 Harford ave. St. 50 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1849 (Year)

7-AGE. 66 yrs. 6 mos. 13 ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Hertzsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER R. Stander

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Neubert

(Address) 1837 Harford

15- Filed APR 24 1916 191.... ROBERT J. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 21. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 191 6 Apr 21 191 6, that I saw her alive on Apr. 20 191 6, and that death occurred, on the date stated above, at 7.55 a. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Stomach

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John G. Schwartzbeck M. D.

4-21 191 6 (Address) 1120 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Ft Mathew Cemetery	April 24th 191 6
20-UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

94491

CERTIFICATE OF DEATH.

115 C94491

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1127 E. Gerrish St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clayton Brashears

(Residence in Baltimore: No. 727 E 41st St.; 9 yrs. 11 mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Dec. (Day) 23 (Year) 1855

7-AGE, 60 yrs. 3 mos. 28 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 344

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Brashears

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Susan Lockwood

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Emma A. Brashears (Wife)

(Address)..727 E. 41st St.

15- Filed APR 24 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916., to April 22 1916., that I saw him alive on April 22 1916., and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Left Lung

Complete Consolidation

..... (Duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (Secondary) Post Operative Abscess

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C. W. Phillips M. D.

April 22, 1916 (Address) 1111 Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 727 E 41st St

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, APR. 25 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 711 Light

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ....ST.: 4 WARD) REGISTERED No. C 94492

2-FULL NAME Harold G. Howard

(Residence in Baltimore: No. Mercy Hospital, St.; yrs., mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, July (Month) 4th (Day), 1897 (Year)

7-AGE, 18 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 245
(b) General nature of industry, business, or establishment in which employed (or employer): Funeral

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Elijah Howard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah J. Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Carroll

(Address) Glenburnie, Md.

15- Filed APR 24 1916, 191.. ROBERT ERAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Epilepsia following Fracture Laceration L. thigh and face caused by Accid. Fall

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Struck by Automobile

(Duration) ....yrs....mos....ds.

(Signed) Wm. M. Simms M. D. (Coroner)

April 22 1916 (Address) 719 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 11 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mary A. A. Co., Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Furnace Branch A.A.Co.	April 24 1916
20-UNDERTAKER ARMSTRONG-BERRY CO.	ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

C94493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C94493

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2900 Elliott ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter A Acker

(Residence in Baltimore: No. 2900 Elliott St.; 69 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, Feb. (Month) 15 (Day), 1847 (Year)

7-AGE, 69 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 976

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Acker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret H. Helwig

(Address) 311 N. Carroll Ex. Ext.

15- APR 24 1916 ROBERT , KRAUTER, Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Apr 22 1916, that I saw h alive on Apr 22 1916, and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

at 2

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. C. Karlewicz M. D.

4/22, 191 6 (Address) 1106 S Kenwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Holy Redeemer Cem	April 25, 1916
20-UNDERTAKER	ADDRESS
Stephen J Trzaskowski	1019 S Kenwood Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94494 C94494

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. St Elizabeth's House St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miguoneth Trut

(Residence in Baltimore: No. St Elizabeth House St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ? ?, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), St Mary Co Md

PARENTS.

10-NAME OF FATHER, Dominick Trut

11-BIRTHPLACE OF FATHER (State or Country), St Mary's Co

12-MAIDEN NAME OF MOTHER Mary Buckler

13-BIRTHPLACE OF MOTHER (State or Country), St Mary Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Unknown

(Address) St Elizabeth House

15- Filed APR 24 1916, 191 ROBERT KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22 nd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to April 22 1916, that I saw her alive on April 22 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

a Mitral Stenosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin E. Lemmon M. D.

4/27/, 1916 (Address) Union Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 8 mos. 18 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? place of death

Former or usual residence St Elizabeth House

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Apr. 24, 1916.

20-UNDERTAKER George H. Hollins — ADDRESS 517 Robert

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C94495

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94495

x 109

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Finch

(Residence in ~~Baltimore~~: No. Maryland Genl. Hosp. St.; ... yrs. ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH, June 22nd, 1860
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John H. Finch

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Katherine Creamer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Finch

(Address) Brooklyn A A Co

15- Filed APR 24 1916, 191.. ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22, 1916, to April 22, 1916, that I saw him alive on April 22, 1916, and that death occurred, on the date stated above, at 12.35 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ...yrs. ...mos. ...ds.

(Signed) A. D. Shannon M. D.

April 23 1916. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State 52 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Brooklyn A A. Co. Md

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill

DATE OF BURIAL, 4-25, 191.6

20-UNDERTAKER Ed B Harle

ADDRESS 115 E West St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C91496 C91496

91

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 N Central Ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Laura Woodey

(Residence in Baltimore: No. 1222 N Central av St.; ..... yrs. ..... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 3rd 1915, 1 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: John F Woodey

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Ella M. Vest

13-BIRTHPLACE OF MOTHER (State or country): Rockbridge Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Woodey

(Address) 1222 N Central Ave

15- Filed APR 24 1916, 191 ROBERT F. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19, 1916, to, April 24 1916, that I saw her alive on April 24 1916, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs ..... mos. 7 ds.

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) ..... yrs ..... mos. 7 ds.

(Signed) C O'Connor M. D.

April 24 1916 [Address] 1201 N Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: April 25 " 16

20-UNDERTAKER: Edw. F. Fanning — ADDRESS: 1938 E. Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 94497 — 89 — C 94497

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 Church St ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Freeman

(Residence in Baltimore: No. 20 E Church St

St.; 4 yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... Jan (Month) ..... 20 (Day), 1914 (Year)

7-AGE, ... 2 yrs. ..... 3 mos. ..... 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Balto Md

PARENTS.

10-NAME OF FATHER, George Freeman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ola White

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Ola Freeman

(Address) ..... 20 E Church St

15-
Filed APR 24 1916 191 ROBERT . KRAUTER,
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Ellen Grant M. D.
(Coroner.)

4/23, 1916. (Address) 517 Scott St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	April 24, 1916
20-UNDERTAKER	ADDRESS
J. L. Brownsdale	108 Montgomery

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

694498 694498

1 PLACE OF DEATH 1616 N. North av. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ~~Mrs Elise Lubs~~ ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elise Lubs

(Residence in Baltimore: No. 1616 N. North av St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Wht.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 25th (Day) 1826 (Year)

7-AGE: 90 yr. 2 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or country): Ger.

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Ger

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Louise A Eckard

(Address) 1616 N. North av.

15- APR 24 1916 ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mch 00, 1916, to, Apr. 22, 1916, that I saw her alive on Apr. 22nd 1916, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Infirmities of age
Fractured left hip.
from fall
Accident - Fell down cellar steps

(Duration) ..... yrs. ..... mos. ½ ds.

Contributory (SECONDARY) Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Eli Smith M. D.

Apr. 22, 1916 [Address] 1605 N. North Av.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Louden Park DATE OF BURIAL: April 25, 1916

20-UNDERTAKER: Josiah Syfer ADDRESS: 1602 W Fayette ave

Spec.—9-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94499 C94499

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L Buntley

(Residence in Baltimore: No. 1500 W. Baker st St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. 4, 1858
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): 532

9-BIRTHPLACE, (State or Country) New York.

PARENTS.

10-NAME OF FATHER. Daniel Bentley

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER Lida Jackson.

13-BIRTHPLACE OF MOTHER (State or Country). N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth V. Buntley

(Address) 1500 W. Baker St

15- APR 24 1916 ROBERT . KRAUTER, Registrar.
Filed ..... 191... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to April 22 1916, that I saw h[illegible] alive on April 22 1916, and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) one years mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

4-24-1916, 191... (Address) 5 Preston Gardens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount DATE OF BURIAL. April 25 1916

20-UNDERTAKER Josiah Depue ADDRESS 600 W North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94500

CERTIFICATE OF DEATH.

92

C94500

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S Catherine St.; 20 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luke Joseph Dyser

(Residence in Baltimore: No. 303 S Catherine St.; 69 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, April (Month) 23 (Day), 1837 (Year)

7-AGE, 79 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Policeman 72
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) York Pa

PARENTS.

10-NAME OF FATHER, Luke Dyser

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Lena Mockmann

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E. Dyser

(Address) 303 S. Catherine St

15- Filed APR 24 1916 ROBERT J. KRAUTER Burial Permit Clerk 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 23 1916, that I saw him alive on April 23 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) ....yrs. ....mos. 1 ds.

(Signed) Theodore Kalouris M. D.

April 24th 1916 (Address) 34 S Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Apr. 26, 1916

20-UNDERTAKER Fox & Cook — ADDRESS 1063 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. 'PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94501 40 C94501

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1152 w Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Hall

(Residence in Baltimore: No. 1152 w Hamburg St.; 47 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 13, 1873
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mes. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimor - Md.

PARENTS.

10-NAME OF FATHER, John Jacob Schriver

11-BIRTHPLACE OF FATHER (State or Country), Baltimor - Md.

12-MAIDEN NAME OF MOTHER Sarah E. Tracey

13-BIRTHPLACE OF MOTHER (Stete or Country), Baltimor - Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Joseph Stenced

(Address) 1152 W. Hamburg St.

15- ROBERT , KRAUTER, Burial Permit Clerk

Filed APR 24 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to April 21 1916, that I saw her alive on April 21 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation Gave Heart to Remove

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) Wm A Cook M. D.

4-24, 191.. (Address) Garrison Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem.	Apr. 25, 191..
20-UNDERTAKER Jos R. Cook	ADDRESS 1003 W. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94502

CERTIFICATE OF DEATH.

28

C94502

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Gaston

(Residence in Baltimore: No. 2841 W. Lanvale St.; 63 yrs., 7 mos. 14 ds.)

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Feb (Month) 8 (Day), 1853 (Year)

7-AGE: 63 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Charles Burk

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Ellen Linard

13-BIRTHPLACE OF MOTHER (State or Country): Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John V. Gaston

(Address): 2841 W. Lanvale St.

15-

Filed APR 24 1916, 191.....

ROBERT T. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Apr (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1916, to Apr 22 1916; that I saw her alive on Apr 22 1916, and that death occurred, on the date stated above, at 11.35 m.

The CAUSE OF DEATH* was as follows:

T. B. of left Lung

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Mutual) Oedema of Lungs

(Duration) ....yrs. ....mos. ....ds.

(Signed) John V. Gaston M. D.

Apr 24, 1916 (Address) 1003 Eastland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters Elm — DATE OF BURIAL: April 26, 1916

20-UNDERTAKER: Joseph. D Cook — ADDRESS: 1003 Balto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94503 C94503

105

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 N Caroline ST.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Constance

(Residence in Baltimore: No. 1013 N Caroline St.: 76 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Dec 5th, 1839 (Month) (Day) (Year)

7-AGE 76 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe Cutter for
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John S Constance

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Fogenant

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Segl

(Address) 709 N Broadway

APR 24 1916

Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to, April 21 1916, that I saw him alive on April 21, 1916, and that death occurred, on the date stated above, at 12.40 m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alf S Segl M. D.

4/22/16, 191.... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	April 24, 1916
UNDERTAKER: Joseph B Cook	ADDRESS: 603 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

C94504 C94504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Sargeant ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte F. Loeschke

(Residence in Baltimore: No. 1218 Sargeant - St.: 2 yrs., 3 mos. 2 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 20 (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Paul H. Loeschke

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Davis

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul H. Loeschke

(Address) 1218 Sargent St

15- APR 24 1916 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 18 1916, to Apr 22 1916, that I saw her alive on Apr 22 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) Edw. Grossmann M. D.

4/23, 1916 (Address) 514 Lond n

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, April 24, 1916

20-UNDERTAKER Joseph L. Block

ADDRESS 1005 W Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94505 C94505

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 McElderry ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Hinkins

(Residence in Baltimore: No. 1704 McElderry St.: 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butler
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas Hinkins

11-BIRTHPLACE OF FATHER (State or Country), Maryland Baltimore

12-MAIDEN NAME OF MOTHER Harriet Winters

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary Winters Randall

(Address)..1704 E. McElderry St

15-

Filed APR 24 1916 ROBERT T. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1916, to Apr 21 1916, that I saw h/ alive on Apr 20 1916, and that death occurred, on the date stated above, at 6 45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

5 Days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart Failure

5 Days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Edward Fisher M. D.

Apr 21, 1916. (Address) J Edward Fisher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Burial cemetery	April 24 1916.

20-UNDERTAKER	ADDRESS
H. C. Good	1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94506

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Gough ST.; 3 WARD)

REGISTERED No. C94506

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Ben. & Tillie Gendason

(Residence in Baltimore: No. 1629 Gough st St.; ..... yrs., ... mos. 9 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Infant

6-DATE OF BIRTH, April (Month) 23 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Ben Gendason

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Tillie Fogel

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hermandeidel

(Address) 1523 E Baltimore

15-

Filed APR 24 1916, 191.. ROBERT T. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to April 23 1916, that I saw h[illegible] alive on April 23 1916, and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

asthenia

..... (Duration) ..... yrs. ..... mos. 30 ms ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hermann Leidel M. D.

April 23 1916. (Address) 1523 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Workmen circle

DATE OF BURIAL, 4/23, 191.7

20-UNDERTAKER M Carmel Jack Levin

ADDRESS 5 Balto St

C94507 HEALTH DEPARTMENT--CITY OF BALTIMORE 40 C94507

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1746 E. Lombard ST. V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Israel Serken

(Residence in Baltimore: No. 1746 E. Lombard St.: 9 yrs. mos. ds.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1860 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Soloman D. Serken

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Fruma Kasdon

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1411 E Balto St

15- APR 24 1916 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1916, to 24, 1916, that I saw h-im alive on April 24, 1916, and that death occurred, on the date stated above, at 7:00 A.M. The CAUSE OF DEATH* was as follows:

Cancer of the Stomach
Operation 3 mos ago.
Unknown
(Duration) yrs. mos. ds

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed), M. S. Kaufman M. D.

April 24, 1916 (Address) 1931 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Rosedale Cem. DATE OF BURIAL: 4-25-1916

20-UNDERTAKER: Jack Lewis ADDRESS: E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94508 C94508

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. Lafayette Ave + Ins. ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Liedeka

Residence in Baltimore: No. Womans Hospital St.; yrs., mos. 16 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.)
Female	White	married

3-DATE OF BIRTH, July (Month) 31 (Day), 1847 (Year)

7-AGE, 68 yrs. 8 mos. 23 ds. | If LESS than 1 day, \ hrs. or \ min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sr Stahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S-W Superintendent Supts.

(Address) Womans' Hospital

15- APR 24 1916 ROBERT , KRAUTER, Filed ....., 191.... Burial Permit Clerk.

Registrar.

APR 24 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 23 1916, that I saw her alive on April 23 1916, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Right Submaxillary abscess

(Duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary)

Diabetes mellitus (Duration) 10 yrs. — mos. — ds.

(Signed) Victor R. Turner M. D.

apr 23, 1916. (Address) Woman Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2 Canton St.

Former or usual residence Sparrows Point

19-PLACE OF BURIAL OR REMOVAL, Oakelawn Cemetery | DATE OF BURIAL, April 24, 1916

20-UNDERTAKER William Cook | ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C94509

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N Lakewood Ave. ST.; 7 WARD)

2-FULL NAME Herman Yeastch

(Residence in Baltimore: No. 808 N Lakewood St.; 39 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. (Month) 29. (Day) 1858 (Year)

7-AGE, 57 yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 344

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Charles Yentsch

(Address)... 808 N. Lakewood Ave.

15- Filed APR 24 1916 ROBERT, KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26 (Month) (Dsy), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916; to April 23 1916, that I saw him alive on April 22 1916, and that death occurred, on the date stated above, at 5 45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

..... (Duration)..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Chas T Lucas M. D.

April 23, 1916. (Address) 718 N Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 25 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1904 (94510

(94510

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 W Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Lozko

(Residence in Baltimore: No. 812 W Lombard St.; ...yrs... 9 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1913 (Year)

7-AGE,	If LESS than 1 day.
...yrs. 9 mos. 11 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Felix Lozko

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Julia Wolchanetzka

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix Lozko

(Address) 812 W. Lombard

15-APR 24 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed ..., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 22 1916, that I saw him alive on April 22 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(Duration) ...yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Joseph E. Muse M. D.

April 25, 1916 (Address) 1500 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	April 24 1916

20-UNDERTAKER	ADDRESS
John J. Fields	1200 N. Lombard St

Spec.—8-24-14—M. & T.—2000 lbs.

C94511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

C94511

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Vaughn

(Residence in Baltimore: No. 225 W. Hill st. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, April 20, 1916.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Willie Woodson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nora Vaughn

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Prescott S. Tudor, Md.

(Address) Johns Hopkins Hospital

15-APR 24 1916 ROBERT , KRAUTER, Registrar.
Filed....., 191... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 20 1916, that I saw him alive on April 20 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

5 hours. Postmortem

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ....yrs....mos....ds.

(Signed) Wm. H. Welch M. D.

Apr. 21..., 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	APR. 22, 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94512 — 28 — C94512

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 214 E Church St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Schuster

(Residence in Baltimore: No. 214 E. Church St.; 36 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December, 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Conrad Schuster

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Schuster

(Address) 214 E. Church St.

15 Filed APR 24 1916 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1916, to April 22 1916
that I saw h... alive on April 21, 1916
and that death occurred, on the date stated above, at 10 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Ulcerative

(Duration) 1 yrs. ... mos. ... ds

Contributory (SECONDARY) Respiratory Failure

(Duration) ... yrs. ... mos. 3 ds.

(Signed) R. L. Campbell M. D.

April 23, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Apr 25, 1916

20-UNDERTAKER: Jos. L. Fahey & Sons ADDRESS: 131 E. High St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1309 N. Stricker street, ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Romance Spady,

(Residence in Baltimore: No. 1309 N. Stricker street, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Single,

6-DATE OF BIRTH, June (Month) 2nd (Day), 1914. (Year)

7-AGE, 1 yrs. 10 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Clennnan Winder,

11-BIRTHPLACE OF FATHER (State or Country). Virginia,

12-MAIDEN NAME OF MOTHER Page Spady,

13-BIRTHPLACE OF MOTHER (State or Country). Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Page Spady, mother,

(Address) 1309 N. Stricker street.

15- Filed APR 24 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation following an attack of Flatulent colic resulting from Dietary indiscretion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frederick Hampe M. D. (Coroner.)

April 22 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	April 24 1916
20-UNDERTAKER James H Dennis	ADDRESS 1303 Bentalou

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8

91 094514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1336 N Strucker ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Portia Brown.

(Residence in Baltimore: No. 1336 N. Strucker St.; 5 yrs., 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, May (Month) 7th (Day), 1910 (Year)

7-AGE, 5 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Harry Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kate Brown

13-BIRTHPLACE OF MOTHER (State or Country), U.S. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Brown

(Address) 1336 N. Strucker

15- APR 24 1916 ROBERT J. KRAUTER, Burial Permit Clerk.

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1916, to April 23 1916, that I saw h[illegible] alive on April 23 1916, and that death occurred, on the date stated above, at 1030 m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

April 24, 1916. (Address) 501 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	April 26, 1916
20-UNDERTAKER	ADDRESS
James H. Dennis	1303 Preston

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

94515

HEALTH DEPARTMENT—CITY OF BALTIMORE

94515

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 221 West Monument ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Devries Goodwin

(Residence in Baltimore: No. "Rose Hill" Pikesville Baltimore Co. St.; ..... yrs., 3 mos. 6 ds.)

221 West Monument St.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.)
~~Female~~	White	widowed

6-DATE OF BIRTH, April 5, 1848.
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Monument St. Baltimore Md

PARENTS.

10-NAME OF FATHER, William Derries

11-BIRTHPLACE OF FATHER (State or Country), Carroll County Md.

12-MAIDEN NAME OF MOTHER Martha George

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Devries Goodwin

(Address) Pikesville Md.

15- APR 24 1916 ROBERT . KRAUTER,
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to April 23 1916, that I saw her alive on April 23 1916, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteric-Sclerosis
+ Myocarditis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma uteri

Clinical Diagnosis (Duration) about 6 yrs. ..... mos. ..... ds.

(Signed) Edward O. Dorsey M. D.

April 24, 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Thomas Cem Garrison Forrest Pd

DATE OF BURIAL, April 25, 1916.

20-UNDERTAKER Holofcenter & Son Co

ADDRESS McCulloh & Read Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94516

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94516

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Clay

(Residence in Baltimore: No. 4920 E. Lombard St.; 27 yrs., mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, June (Month) 27 (Day), 1888 (Year)

7-AGE, 27 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contractor's
(b) General nature of industry, business, or establishment in which employed (or employer) Hauling?

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Clay.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Lena Hartman.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Clay

(Address) 4120 E. Lombard

15-

Filed APR 24 1916, 191..... ROBERT , KRAUSE Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1916, to April 22 1916, that I saw h im alive on April 22 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tetanus.

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Compound Dislocated Fracture Right Ankle. (Duration) — yrs. — mos. 7 ds.

(Signed) J. A. Kinston Clift M. D.

April 22 191 6 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 4120 E. Lombard St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, April 24 1916.

20-UNDERTAKER John Harris & Co — ADDRESS 200 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

(94517) (94517)

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Meerschel- (Moerschel)

(Residence in Baltimore: No. 122 W. Curley St. St.; 43 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 03d, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City Balto

PARENTS:
10-NAME OF FATHER, Herman Kamka
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Caroline
13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Moerschel

(Address) 122 W. Curley St

15- APR 24 1916 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1916, to April 23 1916, that I saw h-e alive on April 23 1916, and that death occurred, on the date stated above, at 12 Nn.

The CAUSE OF DEATH* was as follows:
Acute Miliary Tuberculosis
Pleurisy,
Haemorrhage Purpura -

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto V Lichtenstadt M. D.

April 23, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 29 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 122 W Curley St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	Apl 26 1916.
20-UNDERTAKER Phillip Herwig	ADDRESS 2016 Orleans

N. B. BURIAL PERMIT will not be issued unless CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 Presstman street, ST. 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Holland,

(Residence in Baltimore: No. 1426 Presstman street, St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 55 yrs. ? mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, Abram Holland,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Martha Robinson,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Holland, sister,

(Address) 1418 School street.

15- Filed APR 24 1916 ROBERT KRAUER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 22nd (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably
Organic heart disease,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Frederick C. Bumpus M. D.
(Coroner.)

April 23 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pt. Lois	Apr 25 1916
20-UNDERTAKER	ADDRESS
Emma E. Wright	1364 Kerry

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

094519 094519

113

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 830, Kirk ST., ... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Imyers

(Residence in Baltimore: No. 830 Mc Kirk St St.; Life ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 24 (Month) (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas Co

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William H Imyers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Jane Little

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Imyers

(Address) 219 N Fulton ave

15- APR 24 1916 Filed....., 191.....

ROBERT , KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1916, to April 23 1916, that I saw him alive on April 22 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

Diabetis 2 yrs - -

(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) John H Heck M. D.

April 23, 1916 (Address) 936 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer DATE OF BURIAL, April 25, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Baltimore ave

Dr Heck 936 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194520 194520

8 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 244 Albemarle St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Galati

Residence in Baltimore: No. 244 Albemarle St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	

6-DATE OF BIRTH, March (Month) 7th (Day), 1915 (Year)

7-AGE, 1 yr. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Galati

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Marcisi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Galati

(Address) 244 albemarle

15-

Filed APR 24 1916, 191.

ROBERT , KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ~ yrs. ~ mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Lawrence M. D.
(Coroner.)

Apr. 24, 1916. (Address). 1 Prog. Mason Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents	April 24th, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94521 80 C94521

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Alice Anna ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Leutbecher

(Residence in Baltimore: No. 1932 Alice Anna St. Life yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 19th (Day), 1872 (Year)

7-AGE, 44 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurateur
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, John Leutbecher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Schafer

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Leutbecher

(Address) 1932 Alice Anna St.

15- Filed APR 24 1916 HARRY C. AEDRLWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 22nd (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 21st 1916, to Apr 22nd 1916, that I saw him alive on Apr 22nd 1916, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe followed by Angina Pectoris

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) Herman J. Grenus M. D.

Apr. 24th, 1916. (Address) 1900 Eastern Ave.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Pauls Cemetery	April 24th, 1916.

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Bleath

C94522

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C94522

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Hudson ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wm Violett

(Residence in Baltimore: No. 3022 Hudson St., Like yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April 15, 1892 (Month) (Day) (Year)

7-AGE: 24 yrs. 0 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer): 485

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: James Wm Violett

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Cunningham

(Address) 816 S Gilmor

15-

Filed APR 24 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 22, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 10, 1916, to, April 22 1916, that I saw h.. alive on April 22 1916, and that death occurred, on the date stated above, at 9.00 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed), Edward J Good M. D.

4/22, 1916. [Address] 413 N. Washington

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: April 25, 1916.

20-UNDERTAKER: H. Sander Sons ADDRESS: 1710 Pratt

Spec.—8-24-14—M. & T.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94523

CERTIFICATE OF DEATH.

64

C94523

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S. Ellwood Ave, ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Appollonia Margaretta Kronister.

(Residence in Baltimore: No. 209 S. Ellwood Ave, St.; 60 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May (Month) 18 (Day), 1832 (Year)

7-AGE, 83 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 209 S. Ellwood Ave.

15-

Filed APR 24 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 1916, to Apr 22, 1916, that I saw her alive on Apr 21 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

.....

.....

.....

Spec.—8-24-14—M. & T.—2000 Bks.

094521

HEALTH DEPARTMENT—CITY OF BALTIMORE

094521

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3176 Greenmount Av. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Wannemann

(Residence in Baltimore: No. 3176 Greenmount Av St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, Dec 25., 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant business
(b) General nature of industry, business, or establishment in which employed (or employer): 868

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Bernhard Wannemann.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Wannemann

(Address) 3176 Greenmount Ave

15-

Filed APR 24 1916

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23d, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 26th 1916, to April 23d 1916, that I saw him alive on April 23d 1916, and that death occurred, on the date stated above, at 2058 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemoptysis and Pneumonia (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm Gorsuch M. D.

April 24th, 1916 (Address) 1704 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral.	Apr 26, 1916

20-UNDERTAKER Wm Cook & Son

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-1[illegible] M. & T.—2000 Bks.

C91525

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94525

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 930 N Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M[illegible] Wopnell

(Residence in Baltimore: No. 930 N Lombard St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. ? mos. ? ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer 536
(b) General nature of industry, business, or establishment in which employed (or employer) ..... N. C. Railroad

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Michael McDonnell

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ellen Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret McDonnell

(Address) 936 N Lombard

15- APR 24 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 23 (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Feb 19 1916, to Apr 23 1916, that I saw h[illegible] alive on Apr 23 1916, and that death occurred, on the date stated above, at 9-15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 8
Chronic Valvular Heart Disease
..... (Duration) Over 3 mos. ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry C. Fiske M. D.

Apr 23, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, April 26 1916

20-UNDERTAKER John J Howard Son — ADDRESS 901 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94526 — 42 — C94526

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 McCulloh St. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda E. Gardner

(Residence in Baltimore: No. 908 McCulloh St. St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April 24, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Bidle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie E. Bell

13-BIRTHPLACE OF MOTHER (State or Country), Md —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. C. Gardner

(Address) 908 McCulloh St.

15- FILED APR 24 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to April 24 1916, that I saw h— alive on April 24 1916, and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Senile

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus (confirmed by Microscopy)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. A. Mackenzie M. D.

April 24, 1916 (Address) 1127 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Middletown Md — DATE OF BURIAL, April 26 1916.

20-UNDERTAKER Ellis Mitchell & Co — ADDRESS 1201 Pennsylvania Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

94527 — 89 — 8 5 20 — 094527

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 440 St Mary's St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Fulton Thornton

Residence in Baltimore: No. 440 St Mary's St.; 4 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: April (Month) 1 (Day) 1912 (Year)

7-AGE: 4 yrs. 2 mos. 22 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md. (City)

PARENTS

10-NAME OF FATHER: Thomas Thornton

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Hester Thurston

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Thornton

(Address) 440 St Mary's St

15- APR 24 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1916, to April 23 1916, that I saw h.im alive on April 23 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) 4 yrs. 5 mos. 10 ds.

Contributory (SECONDARY) Gen'l debility

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Bernard L. Grant M. D.

4-24- 191 6. [Address] 707 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 28 1916
20-UNDERTAKER John A. Bailey	ADDRESS 1107 N Eutaw

Spec.—3-14-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Milton Novak

(Residence in Baltimore: No. 721 S Milton Ave St. Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 1 (Day), 1908 (Year)

7-AGE, 7 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Schoolboy

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Novak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Magdelena Ozemnik

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Novak

(Address) 721 S. Milton Ave.

15- APR 24 1916 Filed ..... 191..... HARRY C. ALDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9 1916, to April 23 1916, that I saw him alive on April 23 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia - right
Cardiac dilatation

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) General peritonitis

(Duration) yrs. mos. 14 ds.

(Signed) Milton L Rasmon M. D.

Apr 23 6, 191... (Address) St Joseph Hospital Balto Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. Is the State 7 yrs. 5 mos. 23 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 72 S Milton Ave Balto

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Apr. 25, 191. 6

20-UNDERTAKER, William Dawson Jr — ADDRESS, 1618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C94529

PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 E Preston ST. 10 WARD)

REGISTERED No. C

FULL NAME Mary E R Price

(Residence in Baltimore: No. 1009 E Preston

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. Pyl. Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug 24 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm L. Riley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary R Price

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard J. Peck,

(Address) 1009 E. Preston St.,

15- Filed APR 24 1916, 191.... HARRY C. [illegible] Registrar.

Burial Permit Cl[illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar L. Russell M. D.
(Coroner.)

April 24th, 1916. (Address) 452 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Apr. 26 1916

20-UNDERTAKER, Liston P. Russelbaugh — ADDRESS 2620 St Paul St.

Spec.—8-24-14—M. & T.—2000 Blks.

Baby Zuckerman

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94530 C94530

CERTIFICATE OF DEATH.

REGISTERED NO. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Zuckerman

(Residence in Baltimore: No. Heb Hosp 30 S. High St. St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, Apr. 22nd, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Frank Zuckerman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Richmond

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- Filed APR 25 1916, 191. ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 23 191.., to Apr. 24 1916, that I saw him alive on Apr. 24 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Krantz M. D.

Apr 24, 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 30 S High St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Workmens circle Cemetery	4/25, 191.6
20-UNDERTAKER,	ADDRESS
Jack Lewis	1411 E Balto St

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94531

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

×184

C94531

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Maryland Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Lynch

(Residence in Baltimore: No. Curtis Bay Md St.; yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, ... (Month) Unknown, 1 ..... (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) 33rd

9-BIRTHPLACE, (State or Country), Wash. D.C.

PARENTS.

10-NAME OF FATHER, Daniel Lynch

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Drowey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora A. Bechtel

(Address) 3 K N.W. Wash D.C.

15- APR 25 1916 Filed ....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Contusion
(Stomach)
Struck over head with iron bar
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

Signed) J. Pothier
(Coroner) ..... M. D.

Apr. 24, 1916 (Address) 242 W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ½ ds. In the State 7 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Curtis Bay Md.

Former or usual residence Curtis Bay

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, April 26, 1916

20-UNDERTAKER Wm J Tubman Son ADDRESS Penn Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94532 64 C91532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Druid Hill Ave ST.; 14 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Dennis.

(Residence in Baltimore: No. 1718 Druid Hill Ave St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) married

6-DATE OF BIRTH, May 22, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ret.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stephen Dennis

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie E. Dennis

(Address) 715 Druid Hill Ave

15- APR 25 1916 Filed..... 191.....

ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1916, to Apr 23 1916, that I saw him alive on Apr 23 1916, and that death occurred, on the date stated above, at 8 am m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)
(Duration) ....yrs....mos....1/....ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis
(Duration) 5 yrs. 7 mos. ....ds.

(Signed) Edward Short M. D.

Apr 23, 1916. (Address) 1612 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemt

DATE OF BURIAL, Apl 26, 1916.

20-UNDERTAKER Jas H Smith

ADDRESS 706 Lanvale

Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Sarah E. Downs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94533

CERTIFICATE OF DEATH.

79 C94533

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 226 N. Collington ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Downs

(Residence in Baltimore: No. 226 N. Collington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Sept 30, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Christopher C. Fairbanks

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Lucretia Shrivedale

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno C. Downs

(Address) 621 N. Bethune st

15- Filed APR 25 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1916, to Apr. 22 1916, that I saw h[illegible] alive on Apr. 22, 1916, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

..... (Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Respiratory failure

..... (Duration) yrs. mos. 1 ds.

(Signed) S. S. Cox M. D.

Apr 23, 1916 (Address) 2000 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Apr. 25, 1916
20-UNDERTAKER Albert C. Fiedler	ADDRESS 221 N Broadway

Directions for filling out certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94534

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C94534

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1323 S. Carey St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick S. Deichmiller

(Residence in Baltimore: No. 1323 S. Carey St.: 68 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	married

6-DATE OF BIRTH: March (Month) 19 (Day), 1842 (Year)

7-AGE: 74 yrs. 1 mos. 3 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Piano Maker.
(b) General nature of industry, business, or establishment in which employed (or employer): 314

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: unknown.

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: unknown.

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa R. Deichmiller

(Address) 1323 S. Carey St.

15-APR 25 1916 Filed ....., 191.. ROBERT F. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1916, to April 22 1916
that I saw him alive on April 22, 1916
and that death occurred, on the date stated above, at 2 30 p. m.
The CAUSE OF DEATH* was as follows:

Haemoplegia
Apoplexy

(Duration) ..... yrs. ..... mos. 18 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Hoag M. D.

April 27, 1916 (Address) 1323 S. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 25, 1916
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94535 C94535

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 224 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelina Landers

(Residence in Baltimore: No. 224 S Dallas St.; ..... yrs., Fife mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1864 (Year)

7-AGE, 52 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), John Landers

(Address) 224 S Dallas St.

15- Filed APR 25 1916, 191... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to April 23 1916, that I saw her alive on April 23 1916, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Labar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. One ds.

(Signed) ..... M. D.

May 23, 1916. (Address) 118 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill	April 26 1916.
20-UNDERTAKER	ADDRESS
John W Henderson	319 N Caroline

Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(94536) (94536)

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Bremont ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brocato

(Residence in Baltimore: No. 717 S. Bremont St.; 7 yrs., 11 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~. (*Write* the word.)
Female	white.	Single

6-DATE OF BIRTH, may 2, 1913 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
7 yrs. 11 mos. 23 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chili
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto. Maryland.

PARENTS.

10-NAME OF FATHER, Samuel Brocato

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Bortera

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Brocato

(Address) 717 S. Bremont

15- Filed APR 25 1916, 191... ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April, 3, 1916, to April, 25, 1916, that I saw her alive on April, 24, 1916, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia.

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) —

(Duration) ...yrs. ...mos. ...ds.

(Signed) D. Krumbein M. D.

4/25/ 191.6 (Address) 172 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	April 26 1916
20-UNDERTAKER	ADDRESS
John J. Jakeyson	1318 Light St.

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94537 120 C94537

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Altamont Hotel ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Amelia Henkelman

(Residence in Baltimore: No. Altamont Hotel St.; 60 yrs., 1 mos. 17 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 13 (Day) 1856 (Year)

7-AGE, 60 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fredk Henkelman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia G. Lindenman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J W Henkelman

(Address) 920 W. North Ave

15- Filed APR 25 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1916, to Apr 25 1916, that I saw her alive on Apr. 24 1916, and that death occurred, on the date stated above, at 12.10 p m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

..... (Duration) Died yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia, Coma

..... (Duration) yrs. mos. 6 hrs ds.

(Signed) John A Stutcher M. D.

Apr 25, 1916 (Address) 10 E Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 13 ds. In the State 60 yrs. 1 mos. 17 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 920 W. North Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Apr. 27, 1916.

20-UNDERTAKER Stewart Mower Co

ADDRESS 108 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Frank Williamson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94538

CERTIFICATE OF DEATH.

90

C94538

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1122 N. Mount St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Williamson

(Residence in Baltimore: No. Soldiers Home, Ridgely St. St.; unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	unknown

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. ~ mos. ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... ?

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15 APR 25 1916 Filed ....., 191... ROBERT KRAUTER, Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1916, to Apr 23 1916, that I saw him alive on Apr 23 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis & Cerebral Hemorrhage

Chronic Bronchitis

(Duration) 8 yrs. ~ mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Evans M. D.

....., 191... (Address) 101 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	24, 1916
20-UNDERTAKER	ADDRESS
Commissioner Health.	

UNIVERSITY OF MARYLAND APR 24 1916

FOR ANATOMICAL PURPOSES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3776

3777

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94539 **CERTIFICATE OF DEATH.** 28 C94539

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Grant

(Residence in Baltimore: No. St Elizabeth Home St.; 1 yrs., 9 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	negro	Single

6-DATE OF BIRTH. June 29, 1913
(Month) (Day) (Year)

7-AGE. 2 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... died
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mother Nearest

(Address) St Elizabeth Home

15- APR 25 1916 ROBERT KRAUTER, Filed ....., 191... Registrar Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 9 1916, to April 23 1916, that I saw him alive on April 23 1916, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emma Edwards M. D.

4/23/, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 10 mos. 14 ds. In the State 2 yrs. 9 mos. 6 ds.

Where was disease contracted, if not at place of death? St Elizabeth Home

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	APR 24 1916 ....., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per Wm. F. Rossall

FOR ANATOMICAL PURPOSES.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 94540 — 40 — C 94540

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Raborg ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minerva Parker Marine

(Residence in Baltimore: No. 729 Raborg St. St.; 2 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	married

6-DATE OF BIRTH, April (Month) 24 (Day) 1856 (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Parker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Diana Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Hermann

(Address) 729 Raborg St.

15-APR 25 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 1 1915, to April 24 1916, that I saw her alive on April 23 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis
Carcinoma of Liver and stomach

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Arteria - Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Bernard S. Funck M. D.

April 24, 1916. (Address) 1707 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cem	4/27, 1916
20-UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Third St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In conveyance, en route to

CITY OF BALTIMORE (No. Maryland General Hospital, ST.: ; WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME. George Daniels,

(Residence in Baltimore: No. Non-resident, St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Married,

6-DATE OF BIRTH, ... Unknown, (Month) ..... , (Day) 1 (Year)

7-AGE, ... 21 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rail mills,

9-BIRTHPLACE, (State or Country). North Carolina,

PARENTS.

10-NAME OF FATHER, Unknown, Taylor Daniels

11-BIRTHPLACE OF FATHER (State or Country). Unknown, N.C.

12-MAIDEN NAME OF MOTHER Unknown, Martha Woodard

13-BIRTHPLACE OF MOTHER (State or Country). Unknown, N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No informant. Taylor Daniels

(Address) Greensboro, N.C.

APR 25 1916 Filed....., 191.... ROBERT . KRAUTER, Special Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 21st (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism to head, arm and probably internal injuries accidentally received at furnace of rail mill,

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Frederick Kemper M. D. (Coroner)

April 22 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place Was dead when In the of death ..... yrs. ..... mos. ..... ds. hospital was reached, Unknown, ds.

Where was disease contracted, if not at place of death? Sparrows Point, Md.

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greensboro, N.C.	4/26, 1916
20-UNDERTAKER John H. Foadin	ADDRESS 142 W. 3rd St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Foot of Wharf U. S. Fidelity Co 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Henderson

(Residence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Colored	

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 40 about yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15 APR 25 1916 Filed....., 191.....

ROBERT Burial Permit Clerk. KRAUTER, Health Office

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 13th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains deacribed above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Wm M. Swaney M. D.
(Coroner.)

Apr. 18, 191.6 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, APR 24 1916, 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

Per W. L. McGrail

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94543 CERTIFICATE OF DEATH. ×29 C94543

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gulielma Miller

(Residence in Baltimore: No. Lansdowne Maryland. St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 48 yrs. ..... mos. ..... da. | If LESS than 1 day, ...hrs. or ....min.

48

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Not known.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- APR 25 1916 Filed ....., 191... ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18 , 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to April 18 1916, that I saw him alive on April 18 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

..... (Duration) ....yrs. ....mos. 20 da.

CONTRIBUTORY (Secondary) Cardiac asthma

..... (Duration) 6 yrs. ....mos. 7 da.

(Signed) Owen J. Lenhart M. D.

April 18, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? not known

Former or usual residence Lansdowne Md

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, APR. 24 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

UNIVERSITY OF MARYLAND

FOR ANATOMICAL PURPOSES.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(94541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

184 (94544

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. University Hosp ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petrone Judiciuias

(Residence in Baltimore: No. 536 Barre St.: 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 11 (Day), 1893 (Year)

7-AGE, 22 yrs. 11 mos. 11 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Ct Homes

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Anthony Rognskis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Victoria Jaucis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Ragusskis

(Address) 536 W. Barre St.

15- APR 25 1916 Filed....., 191.... ROBERT , KRACTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH April (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Abortion

(Duration) ....yrs....mos....ds.

(Signed) J. T. Jeffers M. D. (Coroner.)

Apr 24 1916 (Address) 342 W. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. ?...ds. In the State ?...yrs....mos....ds.

Where was disease contracted, if not at place of death? at 19 Camden St

Former or usual residence 536 Barre St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 26 1916

20-UNDERTAKER John Gebliauskas — ADDRESS 500 S Paca St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94545

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Archer ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie McCormick

(Residence in Baltimore: No. 504 Archer St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 12 (Day), 1858 (Year)

7-AGE, 58 yrs. mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Thomas Garrison

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hubert K. McCormick

(Address) 504 Archer St.

15- Filed APR 25 1916, 191.... ROBERT KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from apr 18 1916, to apr 24 1916, that I saw her alive on apr 23 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. E. Krantz M. D.

Apr. 24, 1916 (Address) 1002 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, April 25, 1916

20-UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C94546 HEALTH DEPARTMENT—CITY OF BALTIMORE C94546

CERTIFICATE OF DEATH.

8 × 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Shea.

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; yrs., 5 mos. 12 da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 30, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, J. C. Hasmiger

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary Bergman

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- APR 25 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 1915, to April 24 1916, that I saw h[illegible] alive on April 24 1916, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
Left Hemiplegia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (~~Secondary~~) Mitral Stenosis

(Duration) Many yrs. mos. ds.

(Signed) John T. King Jr. M D

April 24, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4608 Franklin St. Wilkinsburg Pa.

19-PLACE OF BURIAL OR REMOVAL, Indiania Pa. DATE OF BURIAL, April 27, 1916.

20-UNDERTAKER Edgar F. Evans & Son ADDRESS 1180 2nd Pgh

Spec.—8-24-14—M. & T.—2000 Bks.

Hubert H. Barber

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 50

94547

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hosp. St.) (WARD)

2-FULL NAME Dr. Hubert H Barber

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs., ...mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, Nov. 9, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer) 755

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Edward Barber

11-BIRTHPLACE OF FATHER (State or Country), Eng.

12-MAIDEN NAME OF MOTHER Jane Hugh.

13-BIRTHPLACE OF MOTHER (State or Country), Eng.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) Johns Hopkins Hosp.

15-APR 25 1916 ROBERT . KRAUTER, Registrar.
Filed....., 191. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 24 1916, that I saw h.... alive on April 24 1916, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Multiple Abscess Left Leg Amputated

Pulmonary Embolism

1 (Duration) 15 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) ....yrs. ....mos. ....ds.

(Signed) I. Ernest Sale Bray M. D.

Apr 24 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 14 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fredericksburg, Va.

19-PLACE OF BURIAL OR REMOVAL, Fredericksburg, Va. DATE OF BURIAL, April 25, 1916

20-UNDERTAKER Henry W. Meads & Son ADDRESS 805 N. Calvert St

Via Penn R.R. - A.V. Babb & Son

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94.547

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Hubert H. Banber.

(Residence in Baltimore: No. 14 days. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, November (Month) 9 (Day), 1850 (Year)

7-AGE, 65 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work..... Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Edward Banber

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Jane Hough.

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10 1916, to April 24 1916, that I saw h— alive on April 24 1916, and that death occurred, on the date stated above, at 3 30 m. P.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

.....

.....

..... (Duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulm. or any embolism

..... (Duration) 5 minutes yrs. mos. ds.

(Signed) Ernest Lee Bray M. D.

April 24, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 14 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Fredericksburg, Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Subscribed and sworn before me this 2d day of May, 1916 Alice Perrin

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE JOHNS HOPKINS HOSPITAL

c94-547

WINFORD H. SMITH, M. D.
SUPERINTENDENT

RALPH B. SEEM, M. D.
LEWIS A. SEXTON, M. D.
L. PALMER HOLMES, M. D.
ASST. SUPERINTENDENTS

Baltimore, April 29, 1916. 191

Major Wedderburn,
Bureau of Vital Statistics,
300 Equitable Building, Baltimore, Md.

Dear Sir:

Enclosed find a corrected death certificate for Hubert H. Barber. The original was issued by this institution on April 24th in the name of Hubert R. Barber. At the time of this patients admission to the hospital he signed his name on the payment guarantee slip as Hubert H. Barber, and the discrepancy was not noted until today.

We are therefore changing our hospital records to conform to the above, and ask you to change your records to correspond.

Yours truly,

H H Sexton

Subscribed & sworn to before me this 2d day of May 1916 Alice Perrin

WRITE PLAINLY WITH INK AND DO NOT FOLD THIS FORM

N. B.—Every item of information called for in CAUSE OF DEATH is important. See that it is fully answered.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Bradley

(Address) Johns Hopkins Hosp.

15-

Filed....., 191.....
Registrar.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Fredericksburg, Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Subscribed & sworn to before me this 2d day of May, 1916 Alice Perrin

Spec.—6-24-16—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94548

CERTIFICATE OF DEATH.

151

C94548

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Barclay ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mark Brown

(Residence in Baltimore: No. 3100 Barclay St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, 1 (Month) 23 (Day), 1914 (Year)

7-AGE, 1 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, Wilson Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Fox.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilson Brown

(Address) 3100 Barclay St.

15- Filed APR 25 1916, 191.. ROBERT . KRAUSE, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to Apr 22 1916, that I saw h[illegible] alive on Apr. 22 1916, and that death occurred, on the date stated above, at 4h m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Garland Schmidt M. D.

Apr. 23, 191.6 (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, April 25, 191.6

20-UNDERTAKER Mrs J. G Locks ADDRESS 1302 Jefferson St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94549

CERTIFICATE OF DEATH.

64

C94549

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Lamont Ave St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice May Eilmann

(Residence in Baltimore: No. 1027 Lamont ave St.; 34 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 7, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Arthur Saunders

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rose McCarron

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Eilmann

(Address) 1027 Lamont Ave

15- APR 25 1916 ROBERT . KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 24 1916, to Apr 24 1916, that I saw h w alive on Apr 24 1916, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) A Lee Hechen M. D.

Apr 24, 1916 (Address) 1003 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Apr 26, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

(~~91550~~) 40 (93450)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Riggs Av ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F Wigginton

(Residence in Baltimore: No. 1705 Riggs Av St.; ..... yrs. unknown mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	(Widower)

6-DATE OF BIRTH: May (Month) 20 (Day), 1856 (Year)

7-AGE: 59 yrs. 11 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE (State or country): Harpers Ferry W Va

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Wigginton

(Address) 1705 Riggs Av

15- APR 25 1916 Filed ..... 191.....

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 10, 1916, to, April 25 1916, that I saw h... alive on April 24 1916, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver Caused Diagnosis

Probably 3 months (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed) C. O. Dallin M. D.

4/25, 191..... [Address] 925 West

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	April 27 191 6
20-UNDERTAKER William Cook	ADDRESS 502 E North Av

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94551 x 39 C94551

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

2-FULL NAME Benj. F. Tomlin

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 1, 1844
(Month) (Day) (Year)

7-AGE. 72 yrs. 24 mos. ds.
If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner 014

9-BIRTHPLACE, (State or Country), Ohio.

PARENTS.

10-NAME OF FATHER, Benj. Tomlin

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Ann Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Thell

(Address) Johns Hopkins Hosp.

15- Filed APR 25 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 25, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased, from Apr 11 1916, to Apr 25 1916, that I saw h.. alive on Apr 25 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of floor of mouth

(Duration) 0 yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (not operative)

(Duration) 0 yrs. 0 mos. 3 ds.

(Signed) Harvey T. Mussey M. D.

Apr. 25, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Tiffin Ohio

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Tiffin Ohio	April 25, 1916
20-UNDERTAKER	ADDRESS
W. H. Rostow	230 N Green

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C84552 C84552

29

PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1026 N Chapel ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Hilmer

(Residence in Baltimore: No. 1026 N Chapel St.; 30 yrs., — mon. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, About 66 yrs. mon. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Paver
(b) General nature of industry, business, or establishment in which employed (or employer): City

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Hilmer Jr.

(Address) 1026 N. Chapel St.

15- APR 25 1916 Filed....., 191.....

HARRY C. ALDREW Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Coronary Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

April 25th, 1916 (Address) 116 N. Monastery Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 26, 1916
20-UNDERTAKER	ADDRESS
Henry Heath Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C94553

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94553

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Fuehmen.

(Residence in Baltimore: No. 1637 Patterson Pk Ave St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 9, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. 6 mos. 15 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 217

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Frank Fuehmen.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- HARRY C. ANDREWS

Filed APR 25 1916 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 19 191 2, to Apr. 24 1916, that I saw h alive on April 24 191 6, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:
Aneurism of aorta.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rupture of aneurism

(Duration) yrs. 7 mos. ds.

(Signed) Paul P. Clough M. D.

Apr. 24, 191 6. (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 3 ds. In the State 38 yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1637 Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Apr. 27, 191 6.

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94554 C94554

CERTIFICATE OF DEATH.

x 24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Franklin Sq. 708 St.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Franklin Lloyd

(Residence in Baltimore: No.) Franklin Square Hospital St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (If so, write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 18th (Day) 1907 (Year)

7-AGE, 9 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER. Frank Lloyd.

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Matusky

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lloyd

(Address) 3413 Foster Ave.

15- APR 25 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 23 1916, to April 24 1916, that I saw h[illegible] alive on Apr. 24 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) ... yrs. ... mos. V ds.

CONTRIBUTORY (Secondary) Punctured wound (Accidental)

(Duration) ... yrs. ... mos. 7 ds.

(Signed) [illegible] M. D.

4/24, 191... (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 3413 Foster Ave

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, April 27, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Mosher St.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

C94555

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Hebrew Road ST.: 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Soloman Silverman

(Residence in Baltimore: No. 1800 Orleans St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Oct (Month) ..... (Day), 1912 (Year)

7-AGE, 3 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Silverman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Sewrs

(Address) 1411 E. Balto st

15- Filed APR 25 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Burns over body

Duration 1 day

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

April 25th, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1800 Orleans St

Former or usual residence. 1800 Orleans St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery Lot 1 Block 1	4/25 1916
20-UNDERTAKER Jack Sewrs	ADDRESS 1411 E. Balto

Spec.—8-24-14—M. & T.—2000 Blks.

C94556

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C94556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Reisterstown Rd. St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Davis

(Residence in Baltimore: No. 3711 Reisterstown Rd St.; ....yrs., 3 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 25th, 1916
(Month) (Day) (Year)

7-AGE. ....yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City. Md.

PARENTS.

10-NAME OF FATHER, Abraham Davis

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Ida Levine

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Levine

(Address) 1411 E. Balto St.

15- Filed APR 25 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to April 25 1916, that I saw her alive on April 25 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature child

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar K. Lauderman M. D.

Apr. 25, 1916. (Address) 1616 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Washington Rd.	April 25, 1916.
20-UNDERTAKER	ADDRESS
Jack Levine	1411 E. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C94557 C94557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 181

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.; 4 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy S. Ward.
(Residence in ~~Baltimore: No.~~ Annapolis, Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 25 (Day) 188 (Year)

7-AGE, 28 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) W.B.A. Elect. RR.

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Wm. L. Ward
11-BIRTHPLACE OF FATHER (State or Country), Illinois
12-MAIDEN NAME OF MOTHER Mathilda Brown
13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. Ward
(Address) Annapolis, Md

15- FILED APR 25 1916, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Electrocution by coming in Contact with live wire of trolley pole of a car of W.B.&A. Elect. R.Road (Duration) ...yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....(Duration)...yrs.....mos.....ds.

(Signed) Joseph E. Savage, M. D. (Coroner.)
Apr 25, 1916 (Address) 729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State...yrs...mos....ds.
Where was disease contracted, if not at place of death? Bragg Station Md
Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis Md	Apr 25 1916
20-UNDERTAKER	ADDRESS
B. L. Hopkins	Annapolis Md

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94558 C94558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

PLACE OF DEATH. REGISTERED NO. C

CITY OF BALTIMORE (No. Mercy Hospital 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME John J. Williamson

(Residence in Baltimore: No. 1442 N Broadway St.; yrs. Life mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Nov. (Month) 24 (Day), 1872 (Year)

7-AGE. 43 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cap 3rd
(b) General nature of industry, business, or establishment in which employed (or employer)..... Maker

9-BIRTHPLACE, (State or Country), Md. City

PARENTS.

10-NAME OF FATHER, Robert E. Williamson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E. Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Williamson

(Address) 1442 N. Broadway

15- APR 25 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 8 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Alcoholism Fractured ribs

Fell on Street

(Duration) yrs. mos. ds.

(Signed) Hurt Schaumberg M. D. (Coroner)

April 25 1916 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1442 N Broadway

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, April 27, 1916

20-UNDERTAKER, Robt. J. Turner ADDRESS 1472 N. Bdwy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94559

CERTIFICATE OF DEATH

1920

C94559

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2107 Callow Av ST. 13 WARD)

2 FULL NAME Sarah Rosenauer

(Residence in Baltimore: No. 2107 Callow Av ST.: 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Nov 10th (Month) 1838 (Day), 1 (Year)

7 AGE: 77 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: D Gerson Seligmeder

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosetta

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leelie Rosenauer

(Address) 2107 Callow Av

15 Filed APR 25 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 23 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to April 24 1916, that I saw h— alive on April 24, 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Insufficiency

(Duration) ..... yrs. 2 mos. — ds.

(Signed) Louis Seligmann M.D.

April 24, 1916 (Address) 1920 Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: April 26, 1916

20 UNDERTAKER: J Ahrens & Co — ADDRESS: 1611 Madison Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John W. Peters

(Residence in Baltimore: No. 1014 Olive St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, [illegible] 1 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Chemical Company

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, John Peters

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Susan Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Jacobs.

(Address) 2339 Hanover St.

APR 25 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: accident - caught in machinery

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fracture cervical vertebra

(Duration) yrs. mos. 1 ds.

(Signed) Thos. R. Chambers M. D. (Coroner.)

April 25, 1916. (Address) 18 W. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Race and Harden Sts

Former or usual residence 1014 Olive St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, April 26 1916

20-UNDERTAKER D. M. G. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C94561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C94561

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Mahlen.

(Residence in Baltimore: No. 16 St Paul St St.; ..... yrs., 3 mos., 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 6th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Un Known

12-MAIDEN NAME OF MOTHER Laura Mahler

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A Smith

(Address) Johns Hopkins Hospital

15- APR 25 1916 Filed.....; 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 24 1916, that I saw h.. alive on April 24 1916, and that death occurred, on the date stated above, at 10 12 p m.

The CAUSE OF DEATH* was as follows:

..... Empyema .....

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Gilbert W Rosenthal M. D.

April 25 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. 3 mos. 18 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 16 St Paul St

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem DATE OF BURIAL. April 26, 1916

UNDERTAKER Joseph B Cook ADDRESS 1003 Mad St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94562 94562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Wallace

(Residence in Baltimore: No. 106 N Greene St St.; unknown yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1866 (Year)

7-AGE.	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Wallace

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address)....106 N Greene St.

15- APR 26 1916 Filed....., 191.... ROBERT J. KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 13 1915, to Apr 25th 1915, that I saw h[er] alive on Apr 25th 191..., and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Recurrent (Supposed to be) operation Years ago 1916?

(Duration)...yrs.....mos.....ds.

CONTRIBUTORY Carcinomatosis
(Secondary)

(Duration) ?...yrs.....mos.....ds.

(Signed) M D Egan M. D.

Apr 25, 1916. (Address) Univ Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 12 ds. In the State .....yrs.....mos. Life

Where was disease contracted, if not at place of death? —

Former or usual residence 106 N Gree

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery D. Ap

20-UNDERTAKER William Cook A. 50

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94563 C94563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa D. Bonderman

(Residence in Baltimore: No. 1132 Hanover St. St.; 9/6 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, September 18th, 1893. (Month) (Day) (Year)

7-AGE, 22 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Geo. Wirth

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Gertrude Creamer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Wirth

(Address) 1413 Belvedere

15- APR 26 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11th 1916, to April 25th 1916, that I saw her alive on April 24th 1916, and that death occurred, on the date stated above, at 12:35 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Geo. Ernest M. D.

April 25, 1916. (Address) 905 N. Gilmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. 17 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1132 Hanover St

Former or usual residence 1132 Hanover St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Apr. 28., 1916
20-UNDERTAKER	ADDRESS
Mr. & Mrs. John W. Teufel	Earl W. Fayette

Spec.—5-24-14—M. & T.—2000 Bks.

Anna Sofkive

HEALTH DEPARTMENT—CITY OF BALTIMORE

94564 94564

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2224 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Sofkive

(Residence in Baltimore: No. 2224 Eastern Ave St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, April 24, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, 12 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Sofkive

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Lillie Solnyuka

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Sofkive

(Address) 222 Eastern Ave.

15- FILED APR 26 1916. ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1916, to April 26 1916, that I saw h.. alive on April 25 1916, and that death occurred, on the date stated above, at 2.6 m.

The CAUSE OF DEATH* was as follows:

Premature Birth of
6 months gestation
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. L. Kabakow M. D.

April 26, 1916. (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ft. Davis Cem	April 26, 1916
20-UNDERTAKER	ADDRESS
Wilson Peacock	16 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C94565

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1912 N. Payson ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rutherford Kircher.

(Residence in Baltimore: No. 1912 N. Payson St. St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 29, 1876
(Month) (Day) (Year)

7-AGE, 39 yrs. 3 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John George Kircher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Caroline Wetzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Erma Kircher

(Address) 1912 N. Payson st

15 APR 26 1916 ROBERT . KRAUTER, Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 24 1916, that I saw h[illegible] alive on April 24 1916, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative endocarditis mitral and aortic valves

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 5 ds.

(Signed) Henry C. Houck M. D.

April 24, 1916 (Address) 1929 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Matthews Cemetery	April 26, 1916
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94566 C94566

CERTIFICATE OF DEATH.

x 91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Belkenkempen

(Residence in Baltimore: No. 500 S. 5th St St.; 2 yrs. 2 mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. February 18, 1914
(Month) (Day) (Year)

7-AGE. 2 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Charles Berkenkempen

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sophie E. Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Smith

(Address) Johns Hopkins Hospital

15- APR 26 1916 ROBERT . KRAUTER, Registrar. FILED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1916, to April 25 1916, that I saw h er alive on April 25 1916, and that death occurred, on the date stated above, at 8 45 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rowland M. D.

April 26 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 500 S 5th St. St Highlandtown

19-PLACE OF BURIAL, OR REMOVAL. St Louis Cem. DATE OF BURIAL. April 28, 1916.

20-UNDERTAKER J. Kleuzer & Co ADDRESS 2008 Eastern.

HEALTH DEPARTMENT—CITY OF BALTIMORE 81

C94567

CERTIFICATE OF DEATH.

C94567

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1423 Mosher street, St.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Addison,

(Residence in Baltimore: No. 1423 Mosher street, St. 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widower,

6-DATE OF BIRTH, Unknown, (Month) , (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
87 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day laborer, 0'r
(b) General nature of industry, business, or establishment in which employed (or employer): on farm.

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, George Addison,

11-BIRTHPLACE OF FATHER (State or Country). Maryland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Addison, daughter,

(Address) 1423 Mosher street.

Filed APR 26 1916 191.. ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atheromatous myocarditis,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis,

(Duration) ....yrs....mos....ds.

(Signed) Frederick Kemp M. D.
(Coroner.)

April 24 191 6 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pines Station Calvert Co	April 27 1916
20-UNDERTAKER	ADDRESS
Lorraine E. Wright	1324 Pearl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

C94568

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1511 Winchester street, ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Holton,

(Residence in Baltimore: No. 1511 Winchester street,

30 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH.

June (Month) ? (Day), 1883. (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 10 mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore, 504
(b) General nature of industry, business, or establishment in which employed (or employer): Waterfront,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, George Holton,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Evelin Dorsey,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Dorsey, sister,

(Address) 1526 Pennsylvania ave.

Filed APR 26 1916, 191... ROBERT , KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23d (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema et Cardiac engorgement,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis, (Duration) ....yrs....mos....ds.

(Signed) J. Frederick Kemp (Coroner.) M. D.

April 24 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem. DATE OF BURIAL, Apr 26 16

20-UNDERTAKER Jas A Hayes ADDRESS 142 N Gilmor St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

~~94569~~ 94569 94569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 181

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert B Greenwood

(Residence in ~~Baltimore.~~ No. Westminster, Md.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 7 (Month), (Day), 1893 (Year)

7-AGE, 23 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)..... C&P

9-BIRTHPLACE, (State or Country) Westminster Md

PARENTS.

10-NAME OF FATHER, John Greenwood

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Feiler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lana Greenwood

(Address) 212 E Federal st

15- Filed APR 26 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

1729 Madison ave

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Electrocution by coming in contact with a live wire carrying 1200 volts on the top of a car of W. B. & A. Elect. R. R. Co.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Marsh Savage (Coroner.) M. D.

Apr. 26, 1916 (Address) 1729 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Near Wrages Station, Md
Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL, Westminster Carroll Co Md DATE OF BURIAL, April 27, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94570 28 C94570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Pine ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Bill Barker

(Residence in Baltimore: No. 824 Pine St.; ....yrs.,.... mos. 14 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: ....., 1888 (Month) (Day) (Year)

7-AGE: 25 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): South Carolina

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Al Barber

(Address) 824 Pine ave

15-APR 26 1916 ROBERT . KRAUTER Burial Permit Clerk, Registrar.

Filed....., 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 25 1916, that I saw h[illegible] alive on April 25 1916, and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. E. Fudolph M. D.

4/25, 191... (Address) 1121 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, April 26, 1916.

20-UNDERTAKER Daniel Easton ADDRESS 916 Pa. ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94571 (94571)

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Lancaster ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Jaromin.

(Residence in Baltimore: No. 1746 Lancaster St.; 1 yrs., 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 5" (Month) (Day), 1914 (Year)

7-AGE, 1 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Felix Jaromin.

11-BIRTHPLACE OF FATHER (State or Country) Russia Poland.

12-MAIDEN NAME OF MOTHER Annie Rutkowska.

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix Jaromin.

(Address) 1746 Lancaster St.

15- Filed APR 26 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to April 25 1916, that I saw h[illegible] alive on April 25 1916, and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. 7 ds.

(Signed) W. J. Reusaw M. D.

April 26 1916. (Address) 2008 Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, April 26, 1916

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

John Kuz.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94572 — 146 — C94572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kuz

(Residence in Baltimore: No. 827 S. Bond St St.; 10 yrs. — mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November (Month) 30 (Day) 1899 (Year)

7-AGE, 16 yrs. 4 mos. 25 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Kuz

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland

12-MAIDEN NAME OF MOTHER Annie Gutuskin

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- APR 26 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 24 1916, that I saw h.m alive on April 24 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis (Left)

(Duration) yrs. 1 mos. dz.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 10 ds.

(Signed) H. R. Slack Jr. M. D.

April 27 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 827 S. Bond St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	April 27, 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski,	705 S. Ann

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94573 — 120 — 094573

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 621 S. Patterson Park ave ST.; 1 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Wisniewski

(Residence in Baltimore: No. 621 S. Patterson Park ave St.; 26 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept (Month) 16th (Day) 1871. (Year)

7-AGE, 44 yrs. 7 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

9-BIRTHPLACE, (State or Country): German Poland.

PARENTS.

10-NAME OF FATHER: John Barczak.

11-BIRTHPLACE OF FATHER (State or Country): German Poland.

12-MAIDEN NAME OF MOTHER: Mary Figel.

13-BIRTHPLACE OF MOTHER (State or Country): German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Wisniewski.
(Address) 621 S. Patterson Park Av

15- Filed APR 26 1916 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 15 1916, to April 25 1916, that I saw her alive on April 24 1916, and that death occurred, on the date stated above, at 610a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. V. B Tellow M. D.

April 25, 1916 (Address) 323 S. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Apr 28th, 1916

20-UNDERTAKER, M. F. Sadowski. ADDRESS, 705 Ann St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94574 C94574

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Pfoertner

(Residence in Baltimore: No. Little Sisters of the Poor St.; 40 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 10, (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Pfoertner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hunegund Fjorde

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- APR 26 1916 Filed ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22nd 1916, to ..... 191..., that I saw h Ex alive on April 23 1916, and that death occurred, on the date stated above, at 11-30 m.

The CAUSE OF DEATH* was as follows:

.....

Broncho-Pneumonia

3 Days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Barnes M. D.

April 25, 1916. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, April 26 1916

20-UNDERTAKER H. C. Niedefeld ADDRESS 914 Fremont Ave

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94575

CERTIFICATE OF DEATH.

91 C94575

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Kuper place 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Sebold

(Residence in Baltimore: No. 1401 Kuper place ; ..... yrs., 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, January (Month) 30 (Day) 1914 (Year)

7-AGE, ... yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Wm P Sebold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Mary Sutton

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm P Sebold

(Address) 1401 Kuper Place

15- APR 26 1916 Filed ....., 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24th 1916, to April 24 1916, that I saw h.. alive on April 24th 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (6 days)

Coma

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) — yrs. — mos. 1 ds.

(Signed) Wm. F. Blair M. D.

April 25, 1916 (Address) 110 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th German Reformed Cem.	April 26 1916.
20-UNDERTAKER John J Fields 1208 N.	ADDRESS Fremont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94576

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

C94576

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1006 Mosher ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rosa A. N. Graffin

(Residence in Baltimore: No. 1006 Mosher St.; 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January 7, 1832 (Month) (Day) (Year)

7-AGE: 84 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Capt. Wm. Mason

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Eliza Manning

13-BIRTHPLACE OF MOTHER (State or country): Bermuda

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Hannah Graffin

(Address) 1006 Mosher St

15. Filed APR 26 1916 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 25th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1916, to April 25 1916, that I saw her alive on Apr 24, 1916, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY): old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. E. Endter M. D.

April 26, 1916 (Address) 1405 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: April 27, 1916

20-UNDERTAKER: Edw. Mitchell & Co

ADDRESS: 1201 W. Fayette St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

C94577

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C94577

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 619 W. Saratoga St. ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George William Keith

(Residence in Baltimore: No. 619 W. Mulberry St.: 1 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (*Write* the word)
Male	White	Single

6-DATE OF BIRTH: March (Month) 25 (Day), 1915 (Year)

7-AGE: 1 yrs. 1 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Charles A. Keith

11-BIRTHPLACE OF FATHER (State or country) Baltimore City

12-MAIDEN NAME OF MOTHER Aggie Hawkins

13-BIRTHPLACE OF MOTHER (State or country) Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles A Keith

(Address) 619 W Mulberry St

APR 26 1916
Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 191..., to, Apr. 26 1916, that I saw him alive on April 26, 1916, and that death occurred, on the date stated above, at 7 a m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) ..... yrs. ..... mos. 9 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Howard C. Silver M. D.

Apr 26, 1916 (Address) 1914 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	April 28, 1916
20-UNDERTAKER	**ADDRESS**
M Fahey & Sons	60 Lafayette Ave

N. B.-Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

5.00

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94578 41 C94578

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2215 Chelsea Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Brownley

(Residence in Baltimore: No. Lifetime St.: Life yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: December (Month) 11 (Day), 1828 (Year)

7-AGE: 87 yrs. 5 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Samuel Auld

11-BIRTHPLACE OF FATHER (State or country): U. S. Md

12-MAIDEN NAME OF MOTHER: Maria Ayres

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William S. Brownley

(Address) Roland Ave, Roland Park

15. APR 26 1916 (Date)

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1915, to Apr 25 1916, that I saw h[illegible] alive on Apr. 20, 1916, and that death occurred, on the date stated above, at 11:30 a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid & Rectum

Chronic Pleuritis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) General Exhaustion

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Wesley Cole M. D.

Apr 25, 1916. (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemeteries

DATE OF BURIAL: April 27, 1916.

20-UNDERTAKER: George J Smith

ADDRESS: 1000 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C94579

REGISTERED No. C 94579

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1921 W Saratoga St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John F. Waldeck

(Residence in Baltimore: No. 1921 W. Saratoga St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 23, 1848 (Month) (Day) (Year)

7 AGE: 67 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Adam Waldeck

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bandes

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Waldeck

(Address) 1921 W. Calvert

15 Filed APR 26 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 25 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1915, to April 25 1916, that I saw him alive on April 24 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
with Hemiplegia

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Wm B Freeman M. D.

April 26 1916 (Address) 412 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: April 27 1916

20 UNDERTAKER: James DiGnani & Son — ADDRESS: 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Blks.

C94580 C94580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Seargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pamsie S. Phelps

(Residence in Baltimore: No. 1308 Seargeant St St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 13, 1885
(Month) (Day) (Year)

7-AGE. 30 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas Foster

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Foster

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter S Phelps

(Address) 1308 Seargeant St

15- Filed APR 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 1916, to Apr. 26 1916, that I saw h— alive on Apr. 26 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

.....

.....

..... (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Ordema of Lungs

..... (Duration) 1 yrs. mos. 1 ds.

(Signed) G. M. Loomis M. D.

4-26-, 191.6-(Address) 1278 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Friendship Church | DATE OF BURIAL, April 27, 1916.

20-UNDERTAKER W. Gretchner & Son | ADDRESS 1311 Park Ave

N.B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H Lizinger with the Rev St Paul

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94581 37 C94581

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Penna Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph William Cowden

(Residence in Baltimore: No. 2037 Pennsylvania Ave St.; ....yrs. 1 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, March 13th, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland. (City)

PARENTS.

10-NAME OF FATHER, Joseph M. Cowden

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Margaret Snider

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph M. Cowden

(Address) 2037 Pennsylvania Ave.

15-

Filed APR 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29th 1916, to April 25 1916, that I saw him alive on April 23rd 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Syphilis Congenital

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. Joslin M. D.

April 26th, 1916. (Address) 745 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	Apr 27, 1916
20-UNDERTAKER	ADDRESS
Lowe Cook	502 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C94582 130

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Johns Hopkins Hospital ST. 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alle Jaeger

(Residence in Baltimore: No. 1409 W Lexington St St.; 3 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, December 16, 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. 4 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Louisiana

PARENTS.

10-NAME OF FATHER, Alcee Bourg

11-BIRTHPLACE OF FATHER (State or Country), La.

12-MAIDEN NAME OF MOTHER Bertha Broussard

13-BIRTHPLACE OF MOTHER (State or Country), La

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed APR 26 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1916, to April 25 1916, that I saw her alive on April 25 1916, and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows:

Gen'l peritonitis
(Streptococcus)
(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic pelvic inflammatory disease
(Duration) — yrs. Several mos. — ds.

(Signed) Wm. E. Howard M. D.

April 25, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1409 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Apr. 27, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94583 C94583

CERTIFICATE OF DEATH.

8 x 179

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Roy E Gilbert - (Grace O Gilbert)

(Residence in Baltimore: No. Union Protestant Infirmary St.: ....yrs., ...mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ...Jul.... (Month) ....29.... (Day), 1880 (Year)

7-AGE ....36.... yrs. ....1.... mos. ....27.... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Mr Dennis Bogle

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Brightful

13-BIRTHPLACE OF MOTHER (State or Country) Frederick Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roy E. Gilbert

(Address) Union Bridge Md.

15- APR 26 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to Apr. 26 1916, that I saw h- alive on Apr. 26 1916, and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Staphylococcus Infection developed after days after operation - Abdominal fistulation - Anterior fixation of uterus (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia (Duration) ....yrs. ....mos. 2 ds.

(Signed) Roscoe L. Crawford M. D.

Apr. 26., 191.6 (Address) Union Bridge Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Union Bridge Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Union Bridge, Md.	April 27 1916.
20-UNDERTAKER Wm. Coole	ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94584 C94584

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Davis

(Residence in Baltimore: No. 508 Bloom St. St.; ..... yrs., 1 mos. 24 ds.)

N. B.—Every item of information should be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH. March (Month) 2 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Wm Davis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Brinkley

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Pulls

(Address) Johns Hopkins Hosp.

15- APR 26 1916 Filed..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1916, to Apr. 26 1916, that I saw h[illegible] alive on Apr. 26 1916, and that death occurred, on the date stated above, at 9.00 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the Newborn

..... (Duration) ..... yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert W. Rozer Hal M. D.

Apr. 26 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 1 mos. 24 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 508 Bloom St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, 4/29, 1916

20-UNDERTAKER Samuel Hemsley ADDRESS 1 Biddle St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94585 ×120 (94585

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Staley

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Miller
(b) General nature of industry, business, or establishment in which employed (or employer) Flour

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Dean

(Address) Belair Md

15-

Filed APR 26 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

N. B.—Every item of this information should be carefully answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to April 26 1916, that I saw him alive on April 26 1916, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) Don't Know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Carditis

Intoxication (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marcus Astrue M. D.

4/26., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? of Belair Md.

Former or usual residence Belair Md

19-PLACE OF BURIAL OR REMOVAL, Belair Md

DATE OF BURIAL, April 27, 1916.

20-UNDERTAKER J. B. Tyrer

ADDRESS 514 Wilson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94586

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 W. South Ave. St. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Eagle Price

(Residence in Baltimore: No. 1733 W. South Ave St.; 6 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 22 (Day), 1890 (Year)

7-AGE, 25 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Catonsville. Md.

PARENTS.

10-NAME OF FATHER, Wm E. Eagle

11-BIRTHPLACE OF FATHER (State or Country), Catonsville Md

12-MAIDEN NAME OF MOTHER, Margaret Fissel

13-BIRTHPLACE OF MOTHER (State or Country), Catonsville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Fissel

(Address) 1733 W. South Ave.

15- Filed APR 26 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1913, to Apr 26 1916, that I saw her alive on Apr 25 1916, and that death occurred, on the date stated above, at 12.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) Over 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) –

(Duration) yrs. mos. ds.

(Signed) Henry C. Chile M. D.

Apr 26, 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Apr 28, 1916

20-UNDERTAKER William Cook

ADDRESS 302 E North ave

N. B.—Every item of information above is strictly confidential. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94587

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94587

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Greenmount Ave St., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ryan

(Residence in Baltimore: No. 1123 Greenmount St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General natnre of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Stephen Boyce

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Miles

(Address) 1123 Greenmount Ave.

15- Filed APR 26 1916, 191..... HARRY C. ANDRE... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1916, to April 26 1916, that I saw her alive on April 25 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Insanity

..... (Duration) yrs. mos. 10 ds.

(Signed) James M. Boulon M. D.

April 26, 1916 (Address) 700 E. Clare St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, April 29, 1916

20-UNDERTAKER Chas. Coane & Son — ADDRESS 11 W. Mt. Royal

N. B.—Every line of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94588 C94588

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 927 N. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mathilda L. Scharrer

(Residence in Baltimore: No. 927 N Franklin St.; 78 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, February 17, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick A. Briggmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christine C. Büscher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Briggmann

(Address) 927 N. Franklin St.

15-
Filed APR 26 1916 HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 14 1916, to Apr 25 1916, that I saw her alive on Apr 25 1916, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Heart

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (Acute)

(Duration) yrs. mos. 14 ds.

(Signed) E. Chase Murray M. D.

Apr. 26, 1916 (Address) 1221 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Lutheran Cemetery — DATE OF BURIAL, Apr. 28, 1916

20-UNDERTAKER Mrs. A. Rohde Son — ADDRESS 930 Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94589 C94589

CERTIFICATE OF DEATH.

8 154 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 E Hoffman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kraft

(Residence in Baltimore: No. 2414 E Hoffman St.; 50 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~. (Write the word.) Widow

6-DATE OF BIRTH, June 6, 1841 (Month) (Day) (Year)

7-AGE, 74 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kraft

(Address) 2414 E Hoffman St

15- APR 26 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 6th 1916, to April 26th 1916, that I saw her alive on April 15th 1916, and that death occurred, on the date stated above, at 12.40 a. m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) E. E. Stone M. D.

April 26th 1916, 191... (Address) 1201 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	April 28 1916

20-UNDERTAKER Wm. A. Rohde & Son ADDRESS 730 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Bettie Addison

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94590

CERTIFICATE OF DEATH.

92

C94590

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph German Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Addison

(Residence in Baltimore: No. 1734 Carlisle Place St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, ..., 1877
(Month) (Day) (Year)

7-AGE 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. F. Jazelton Jr. Husband

(Address) N. Carlisle St.

15- APR 26 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to April 26 1916, that I saw h alive on April 26 1916, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) Owen L. Luckett M. D.

April 26, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 1734 Carlisle Place.

19-PLACE OF BURIAL OR REMOVAL Lamington N. C. DATE OF BURIAL, April 27, 1916.

20-UNDERTAKER J. W. Lankford ADDRESS 1624 Mc Boyd Ave.

N. B.—Every item of information should be given as fully as possible, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94591 94591

154

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 372 N Duncan ST.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Lee Lewis

(Residence in Baltimore: No. 372 N Duncan St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown, 1.....
(Month) (Day) (Year)

7-AGE, Years 54 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Powell

(Address) 372 N. Duncan St.

15- Filed APR 27 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest,
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs.....mos.....ds.

(Signed) Edgar L. Powell M. D.
(Coroner.)

April 26, 1916 (Address) 15 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Asbury Cem,	April 27th, 1916
20-UNDERTAKER	**ADDRESS**
Harry A Vodery	1725 Orleans St.

C94592

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C94592

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 504 W Lee ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Taylor

(Residence in Baltimore: No. 504 W Lee St.; yrs., 11 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1915. (Year)

7-AGE, ... yrs. 11 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lillian R Lingo

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian R Lingo

(Address) 504 W Lee

15- APR 27 1916 Filed ....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Enteritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Feeding

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw Grund M. D.
(Coroner.)

4/25, 1916 (Address) 617 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	April 27, 1916
20-UNDERTAKER	ADDRESS
H O H Hooper	609 Little Rock

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94593 C94593

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 817 Leadenhall ST. 27 WARD)
REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Gray

(Residence in Baltimore: No. 817 Leadenhall St. 20 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Unknown ....., 1836
(Month) (Day) (Year)

7-AGE, ... 80 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Harry Gray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Clara Randall

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Robt Gray .....

(Address) ..... 817 Leadenhall .....

15- APR 27 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed ....., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to April 25 1916, that I saw her alive on April 24 1916, and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) X yrs. X mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

..... (Duration) X yrs. X mos. 2 ds.

(Signed) ..... E. D. Ellis ..... M. D.

April 25 1916 (Address) ..... 915 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion	April 27 1916
20-UNDERTAKER John H. Toadvine	ADDRESS 1923 Eastfield Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94594 — 91 — C94594

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 24 East Church St. 22 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mildred Freeman

(Residence in Baltimore: No. 20 E Church St. yrs. 6 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 23, 1915 (Month) (Day) (Year)

7 AGE: ..... yrs. 5 mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. md

PARENTS

10 NAME OF FATHER: George Freeman

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ollie Hluter

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ollie Freeman

(Address) 20 E Church St

15 APR 27 1916 Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 25, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1916, to April 25 1916, that I saw her alive on April 25, 1916, and that death occurred, on the date stated above, at 2:00 a m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C H Preston M. D.

4-25, 1916 (Address) 301 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt auburn ct | DATE OF BURIAL: April 27, 1916

20 UNDERTAKER: L. E. Brown & Son | ADDRESS: 108 W. Monty St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94595

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 W. Henrietta ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian I. Jones

(Residence in Baltimore: No. 221 W Henrietta St.; 10 yrs., 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1905 (Year)

7-AGE,	If LESS than 1 day,
10 yrs. 4 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Isaiah Jones

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Frisby

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaiah Jones

(Address) 221 W. Henrietta St

15. APR 27 1916 Filed....., 191.... ROBERT . KRAUSER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to April 25 1916, that I saw h[illegible] alive on April 24 1916 and that death occurred, on the date stated above, at 11.55 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. 7 ds.

(Signed) [signature] M. D.

April 26 1916 (Address) 714 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	April 28 1916
20-UNDERTAKER	ADDRESS
C. H. Brown's Son	108 W Monto

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94596 — 92 — C94596

1-PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) Mercy Hospital St.; 22 WARD) — REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Bunting

(b) Residence in Baltimore: No. 107 W. Hughes St. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Labor 743
(b) General nature of industry, business, or establishment in which employed (or employer) City

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lora Johnson

(Address) 107 W. Hughes St

15- APR 27 1916 Filed....., 191.... ROBERT J. KRAUTER, Clerk Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to Apr 26 1916, that I saw h alive on Apr 26 1916, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(b) ..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(a) ..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Burrell Smith M. D.

Apr 26, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 57 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 107 W Hughes St

Former or usual residence 107 W Hughes St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St — DATE OF BURIAL, April 28, 1916

20-UNDERTAKER S. E. Brown's Son — ADDRESS 118 W. Monta

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

94597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 094597

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Walker

(Residence in Baltimore: No. 222 N. Hamburg St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Feb. 16, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 10 ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Frank Walker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bessie Burke

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rec'd Mercy Hosp.
(Address) Calvert St.

15- APR 27 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1916, to Apr 26 1916, that I saw him alive on Apr. 26 1916 and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Epidemic)

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D. Smith M. D.

Apr. 26, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 222 Hamburg St.
Former or usual residence 222 Hamburg St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn
DATE OF BURIAL, April 27, 1916

20-UNDERTAKER S. A. Brown & Son
ADDRESS 101 N. Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94598 C94598

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Durham ST.; 2 WARD)

REGISTERED NO. C 46

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Sommers

(Residence in Baltimore: No. 27 S. Durham St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 23, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House person
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Sommers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Caroline E. Betz

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Sommers

(Address) 27 S. Durham

15- Filed APR 27 1916, 191.... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15 1916, to April 25 1916, that I saw h.. alive on " 24 1916, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Complicated with Abdominal Tumor - Non Malignant

(Duration) 5 yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) ..... (Duration) .... yrs. mos. 11 ds.

(Signed) H. L. Burkard M. D.

April 26 1916 (Address) 510 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	April 27, 191..
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94599 45 94599

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1829 E. North ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Monroe

(Residence in Baltimore: No. 1829 E. North ave, St.; 47 yrs., 8 mos. 24 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 2 (Day), 1868 (Year)

7-AGE, 47 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist 31
(b) General nature of industry, business, or establishment in which employed (or employer): Employe

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, David M. Monroe

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Emma Wright

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth V Monroe

(Address) 1829 E. North ave

15- APR 27 1916 ROBERT J. KRAUTER, Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Apr 25 1916, that I saw h[illegible] alive on Apr 24 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma - neck.

Exhaustion.

(Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary) Metastasis - in Liver

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas H Bloss M. D.

Apr 26, 1916. (Address) 202 Eastern Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, April 28, 1916.

20-UNDERTAKER John L Spence — ADDRESS 1325 N. Caroline St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94600 151 C94600

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of James + Denzimore Harper.

(Residence in Baltimore: No. 1018 N. Wolfe St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, April (Month) 25 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, James Harper

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Denzimore Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Denzimore Harper

(Address) 1018 N. Wolfe St

15- Filed APR 27 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25 1916, to April 26 1916, that I saw h[illegible] alive on April 25 1916, and that death occurred, on the date stated above, at 1.91 m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. 7 mos. 12 ds.

CONTRIBUTORY (Secondary) Visitus Laceratus

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

4/26/16, 191.6 (Address) 611 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Lawn.	Apl. 27, 1916

20-UNDERTAKER E. C. Gross. ADDRESS 1405 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Wm E. Watkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94601 64 C94601

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Maryland St. Ward 14)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm E. Watkins.

(Residence in Baltimore: No. 230 N. Lafayette Ave. Sick ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 6, 1847.
(Month) (Day) (Year)

7-AGE, 68 yrs. 8 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk (City Govt)
(b) General nature of industry, business, or establishment in which employed (or employer): R. M. Sutton Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Nicholas E. Watkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary H. Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida V. Watkins

(Address) 230 N. Lafayette Ave

15- Filed APR 27 1916 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 26., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 26 1916, that I saw h[im] alive on Sept 26 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Due to Chronic Nephritis

.....

..... (Duration) ... yrs. ... mos. 4 ... ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis Dilatation

..... (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) C. H. Myers M. D.

4/26/16 191... (Address) 1 Md. Trust Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 230 N Lafayette Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	April 29, 1916.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94602

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94602

40

1. PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1049 Myrtle ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Henry W Peirce

(Residence in Baltimore: No. 1049 Myrtle ave St., 4 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6. DATE OF BIRTH: January 7 (Month), 1840 (Year)

7. AGE: 76 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or country): Lebanon Maine

PARENTS

10. NAME OF FATHER: Seman Peirce

11. BIRTHPLACE OF FATHER (State or country): Smithfield Maine

12. MAIDEN NAME OF MOTHER: Sarah Parson

13. BIRTHPLACE OF MOTHER (State or country): Smithfield Maine

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles F Partge

(Address) 1049 Myrtle ave

15. FILED APR 27 1916 191.....

ROBERT . KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1916, to. April 27th 1916, that I saw h alive on April 27th 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Clinical Diagnosis

(Duration) 1 yrs. 6 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Van Williams M. D.

April 27 1916 (Address) 601 Cardenas ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Woodgarden Maine

DATE OF BURIAL: April 28 1916

20. UNDERTAKER: Wm Cook

ADDRESS: 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(94603) 151 (94603)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 Light St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred McLaughlin

(Residence in Baltimore: No. 1842 Light St. St.; ..... yrs. ..... mos. ..... ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Single

6-DATE OF BIRTH, April 26, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 4 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md, Balto

PARENTS.

10-NAME OF FATHER, James McLaughlin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria McCaffrey

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr McLaughlin

(Address) 1842 Light St

15- FILED APR 27 1916 ROBERT ..., REGISTRAR. (SEE OTHER SIDE.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to April 26 1916, that I saw h.r alive on April 26 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(7 Mo. Utero Gestation)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. L. Campbell M. D.

April 26, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	April 27, 1916
20-UNDERTAKER W. J. & M. D. Flynn	ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-16—M. & T.—500 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 [94604]

[94604]

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 S Charles ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Cecelia Blanke

(Residence in Baltimore: No. 1034 S. Charles St.: 36 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (If write the word.) Single

6-DATE OF BIRTH, Abt Nov, 1 (Month) (Day) (Year)

7-AGE, 36 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at her home

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Frederick Blanke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ursula Egle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Josephine Blanke

(Address) 1034 S. Charles St

15 APR 27 1916 Filed ..., 191... ROBERT ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25 (Month) (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 1915, to April 1916, that I saw her alive on April 22 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) F Albertus M. D.

April 26, 1916. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery | DATE OF BURIAL, April 28 1916

20-UNDERTAKER P. J. M. D. Flynn | ADDRESS 1122 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94605

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94605

CERTIFICATE OF DEATH.

31

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Yance

(Residence in Baltimore: No. 509 Mc Mechan St St.; 2 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed APR 27 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 16 1916, to Apr. 25 1916, that I saw h alive on Apr. 25 1916, and that death occurred, on the date stated above, at 10 15 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Rosenthal M. D.

Apr. 25, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 0 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 509 Mc Mechan St.

19-PLACE OF BURIAL OR REMOVAL, Int. Auburn DATE OF BURIAL, APR 28 1916

20-UNDERTAKER JAMES H. DENNIS, ADDRESS 1303 PRESSTMAN ST.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2600 Blks.

Josephine Pals.

C94606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C94606

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Ensor ST.; 10 WARD)

2—FULL NAME Josephine Pals

(Residence in Baltimore: No. 928 Ensor

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 57 yrs., 2 mos. 22 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. (Month) 4 (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Clemens Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Chas. Pals

(Address) 928 Ensor St.

15- APR 27 1916 Filed....., 191.... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21. 1916, to April 26. 1916, that I saw her alive on April 26. 1916, and that death occurred, on the date stated above, at 10 15 A. m.

The CAUSE OF DEATH* was as follows:

D.

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Change of Life

(Duration) 2 yrs. ....mos. ....ds.

(Signed) J. J. Pleasants M. D.

April 27., 1916. (Address) 1001 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Apr. 29., 1916
20-UNDERTAKER Henry Hoeck & Son	ADDRESS 1301 E Eutaw St

C91607

HEALTH DEPARTMENT—CITY OF BALTIMORE

6

CERTIFICATE OF DEATH.

C91607

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1700 North Brunt st. St.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Dixon,

(Residence in Baltimore: No. 1700 North Brunt st. St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male,

4-COLOR OR RACE: Colored,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single,

6-DATE OF BIRTH, December (Month) 11th (Day), 1914. (Year)

7-AGE, 1 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Anthony Dixon,

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Rebecca Day,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Dixon, mother,

(Address) 1700 North Brunt street.

15 APR 27 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia,

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Measles,

(Duration) yrs. mos. ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

April 27 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Apr. 27, 1916

20-UNDERTAKER John H. Owen

ADDRESS 1211 Druid Hill Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94608 C94608

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. C 79

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Etting Street ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Baker

(Residence in Baltimore: No. 1125 Etting Street St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: — (Month) — (Day) 1846 (Year)

7-AGE: 70 yrs. — mos. — ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE (State or country): Cambridge Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W. Blevins

(Address) 1125 Etting St

15 APR 27 1916 ROBERT . KRAUTER, Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1916, to, April 25 1916, that I saw her alive on April 25 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) 1 yrs — mos. — ds.

Contributory (SECONDARY) Old - worked

(Duration) — yrs — mos. — ds.

(Signed), Edward L. Wheatley M. D.

4/26 1916 [Address] 1220 E. Fair St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cambridge Md. DATE OF BURIAL: April 27 1916

20-UNDERTAKER: George H. Holland ADDRESS: 517 Robert St

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94209 C94609

CERTIFICATE OF DEATH. 30

REGISTERED NO. C.....

1-PLACE OF DEATH Garrett Hospital

CITY OF BALTIMORE: (No. 277 N. Carey ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-NAME Audrey E. Fields

(Residence in Baltimore: No. 1312 Sargeant St.; ....yrs., Life mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem.	white	single

6-DATE OF BIRTH, ... July (Month) 9 (Day), 1912 (Year)

7-AGE, 3 yrs. 9 mos. 18 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Arden A. Fields

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mollie Buttorff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arden A. Fields

(Address) 1312 Sargent St

15- APR 27 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 27 1916, that I saw her alive on April 26 1916, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Tubercular

Meningitis

..... (Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Effler Hemming M. D.

4/27, 1916 (Address) 2000 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos. 10 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1312 Sargeant St

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem | DATE OF BURIAL, April 29, 1916

20-UNDERTAKER Joseph B. Cook | ADDRESS 1003 Walls St.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

(94610) 79 (C94610

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 237 N Carey ST. 18 WARD)

FULL NAME Alice G. Jamison,

(Residence in Baltimore: No. 237 N. Carey St ST. 46 yrs. 8 mos. 19 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: August (Month) 6 (Day), 1869 (Year)

7-AGE: 46 yrs. 8 mos. 19 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): (at home)

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Alexander Rutherford

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Ellen Keith

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward B. Jamison

(Address) 737 N. Carey St

15- Filed APR 27 [illegible], 191[illegible] ROBERT . KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1915, to April 25 1916, that I saw h[illegible] alive on April 25, 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease
(Mitral Insufficency)
(Duration) 1 yrs. 3 mos. 10 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John L. Heuscombie M. D.

April 26, 1916 (Address) 1316 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 28, 1916

20-UNDERTAKER: J. B. Cook

ADDRESS: 1003 N Ba[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 28 C94611

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mohammad Hasma

(Residence in Baltimore: No. Home - (British S.S. Medra St.; yrs., mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Brown Indian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1883 (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman 506
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), India

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of University Hosp

(Address) Lombard & Green Sts

15- APR 27 1916 ROBERT . KRAUTH, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4/27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/14 1916, to 4/27 1916, that I saw him alive on 4/27 1916, and that death occurred, on the date stated above, at 4.20 a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis.

(Duration) 10 days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry M. Stein M. D.

4/27, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence India - (British S.S. Medra)

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, April 27, 1916.

20-UNDERTAKER J. B. Cook

ADDRESS 1053 N. Bond St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94612 C94612

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 N. Vincent ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Estelle Matthews

(Residence in Baltimore: No. 1142 N. Vincent St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 29 (Day), 1877 (Year)

7-AGE, 39 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Servant (Pd occupation)
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Richardson

11-BIRTHPLACE OF FATHER (State or Country), Fredericks Md

12-MAIDEN NAME OF MOTHER Rachel Barney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Cameron

(Address) 927 Parrish St.

15- Filed APR 27 1916 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 26 1916, that I saw her alive on April 26 1916, and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Jaundice

(Duration) — yrs. — mos. 4 ds.

(Signed) Chas. E. Clark M. D.

April 26 1916. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, April 28th, 1916

20-UNDERTAKER Clarence Conyngham

ADDRESS 1364 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6-94613 6-94613

CERTIFICATE OF DEATH. 119

1-PLACE OF DEATH REGISTERED NO. C .....

CITY OF BALTIMORE: (No. St. Joseph Hospital 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Romeo Rattenbourg

(Residence in Baltimore: No. 156 Colvin St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 233
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- APR 27 1916 Filed ....., 191..

ROBERT KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 21 1916, to Apr 24 1916, that I saw h.. alive on Apr 24 1916, and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows: Acc. Pat. Nephritis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Ernest H. Krieg M. D.

Apr 24, 1916 (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Boarding Steamer

Former or usual residence 156 Colvin St

19-PLACE OF BURIAL, OR REMOVAL, ... DATE OF BURIAL, APR 28 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94614 C94614

CERTIFICATE OF DEATH.

× 79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Cetiangilo

(Residence in Baltimore: No. 23 days St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, December 25, 1899
(Month) (Day) (Year)

7-AGE, 16 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Lawrence Cetiangilo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carey Dinta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 27 1916 Filed....., 191..... HARRY J. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to April 27 1916, that I saw h[illegible] alive on April 27 1916, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

...Chronic...endocarditis...Rt...hemi...
plegia.....Myocardial...insufficiency.....
.....
..... (Duration) Several yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

..... (Duration) .....yrs. 5 mos..... ds.

(Signed) .....Mildred Clark....., M. D.

April 27, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 23 ds. In the State 8 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Keyser W Va.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
St Vincents Asy	April 28, 1916
20-UNDERTAKER	ADDRESS
Wendell Hospital & Inc	37 S Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94615 C94615

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 n Eutaw ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 3.)

2-FULL NAME Minny H. Hattner

(Residence in Baltimore: No. 714 n Eutaw av St.; 28 yrs., 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 12 (Month) ..... (Day), 1887 (Year)

7-AGE, 28 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Daniel J Ramon

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Sallie Andrews

13-BIRTHPLACE OF MOTHER (State or Country), London

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Young

(Address) 2 n Bolton st

15- APR 27 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to April 26 1916, that I saw h[illegible] alive on April 26 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. K. Insley M. D.

Apr. 27 1916. (Address) 2238 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, April 29, 1916

20-UNDERTAKER, H. J. M. D. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be given as accurately as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C94616

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C94616

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 W Mulberry ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard K. Gebhard

(Residence in Baltimore: No. 911 W. Mulberry St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, April 23, 1916
(Month) (Day) (Year)

7-AGE, X yrs. X mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 911 W Mulberry St

PARENTS.

10-NAME OF FATHER, Frank Gebhard

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Blanch Kunewalder

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Gebhard

(Address) 911 W. Mulberry St.

15- APR 27 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to April 27 1916, that I saw him alive on April 27 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility (Icterus)

4 days. (Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) Subdevelopment

4 day (Duration) ...yrs. ...mos. 4 ds.

(Signed) John F. Mangan M. D.

April 27, 1916. (Address) 1002 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL. 4-28..., 1916.

20-UNDERTAKER H Brennig Son — ADDRESS 317 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94617 C94617

CERTIFICATE OF DEATH.

8 64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Hewell

(Residence in Baltimore: No. 1119 N. Gay St

St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. February 25, 1830
(Month) (Day) (Year)

7-AGE 86 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. O. Hewell

(Address) 1119 N Gay St

15- Filed APR 27 1916, 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to April 25 1916, that I saw her alive on April 24 1916, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Contra Stomatitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Uremia Poisoning

(Duration) Don't Know yrs. mos. ds.

(Signed) H. L. Gibney M. D.

April 27 1916 (Address) 620 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cem DATE OF BURIAL, April 28, 1916.

20-UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94618

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Division ST.; 17 WARD)

REGISTERED No. C 94618

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa R. King.

(Residence in Baltimore: No. 1342 Division St 59 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December (Month) ..., 1857 (Day) (Year)

7-AGE, 59 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Frances Town - Md

PARENTS.

10-NAME OF FATHER, Dennis Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie N. Nichols

(Address) 1342 Division

15- Filed APR 28 1916 191... ROBERT , KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1916, to Apr. 26 1916, that I saw her alive on Apr. 26 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (Duration) ... yrs. ... mos. 6 ds.

(Signed) W. J. Carr M. D.

Apr. 26, 1916 (Address) 515 Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frances Anne Somerset Md. DATE OF BURIAL, 4/28, 191 6

20-UNDERTAKER Samuel T. Hemsley ADDRESS 578 W. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14.—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94619 C94619

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Jefferson St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Luckert.

(Residence in Baltimore: No. 2207 Jefferson St. St.; ...yrs., ...mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Single

6-DATE OF BIRTH, March (Month) 30 (Day), 1916 (Year)

7-AGE, ...yrs. ...mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, George Luckert.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Elizabeth Rank

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A. Luckert.

(Address) 2207 Jefferson St.

15- Filed APR 28 1916, 191... ROBERT J. KRAUTER, Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of importance. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to April 26 1916, that I saw h[illegible] alive on April 25 1916, and that death occurred, on the date stated above, at 3.20 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Parent's Knowledge

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) History, weak or low diet.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B. Athey M. D.

4/27, 191.6 (Address) 220 N. Bath. Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	April 28 191.6
20-UNDERTAKER	ADDRESS
Lilly & Feiler.	403 S. Wolfe

C94620 C94620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2319 E Fayette ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Wm S. Becker

(Residence in Baltimore: No. 2319 E Fayette St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 23rd, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Wm S Becker

11-BIRTHPLACE OF FATHER (State or Country) Balto City Md

12-MAIDEN NAME OF MOTHER Catherine Mencke

13-BIRTHPLACE OF MOTHER (State or Country) Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm S. Becker

(Address) 2319 E. Fayette St

15- APR 28 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L. Powell M. D.
(Coroner.)

April 27th, 1916. (Address) 156 S Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, April 28 1916

20-UNDERTAKER L. Sander Sons ADDRESS 1710 Pratt St

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-24-14—M. & T.—2000 Blks.

C94621 HEALTH DEPARTMENT—CITY OF BALTIMORE C94621

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH Mercy Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Hanson

(Residence in Baltimore: No. 7 E. Franklin St St.; 60 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Widower

6-DATE OF BIRTH, Feb 7 (Month) (Day), 1844. (Year)

7-AGE, 72 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Banker. (b) General nature of industry, business, or establishment in which employed (or employer)..... Banker. 630

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas W. Hanson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie M. Worthington

13-BIRTHPLACE OF MOTHER (State or Country), Md—

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Truman Hanson

(Address) 207 St Paul St

15- Filed APR 28 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1916, to Apr. 27 1916, that I saw him alive on Apr. 27 1916 and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Myocarditis

(Duration) Over 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Edward L. Smith M. D.

Apr 27, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 7 E. Franklin St.

Former or usual residence 7 E Franklin St

19-PLACE OF BURIAL OR REMOVAL, Elkridge Howard Co | DATE OF BURIAL, April 29 191.6

20-UNDERTAKER E. W. Wakefield & Co | ADDRESS 1201 N. Fayette

CAUSE OF DEATH in plain terms. No abbreviations. Be as exact as it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94622 HEALTH DEPARTMENT—CITY OF BALTIMORE C94622

CERTIFICATE OF DEATH.

29

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles & Franklin ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Emory Anderson

(Residence in Baltimore: No. Rochambeau Apartments St.; life yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH September 4th, 1858
(Month) (Day) (Year)

7-AGE 57 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Insurance 630
(b) General nature of industry, business, or establishment in which employed (or employer) Booker

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Jesse N. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Eliza Jane McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stuart H. Anderson

(Address) Ste. 103 E. Lafayette Ave

15- APR 28 1916 Filed....., 191.....

ROBERT F. KRAUTER, Burial Permit Clerk.

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to April 27th 1916, that I saw him alive on April 27th 1916, and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Miliary Tuberculosis

(Duration) — yrs. 3 mos. — ds.

(Signed) Edgar Stanley Perkins M. D.

April 27th, 1916. (Address) Rochambeau

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loud Ridge — DATE OF BURIAL, April 29, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 120 W. Fayette

C94623

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94623

CERTIFICATE OF DEATH.

5 103

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1316 Orleans ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mack

(Residence in Baltimore: No. 1316 Orleans St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 45 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer, driver
(b) General nature of industry, business, or establishment in which employed (or employer) ..... of Transfer Co

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Mack

(Address) 1316 Orleans St

15- APR 28 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 26th ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Inquest ..... find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Natural Causes .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Indigestion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

April 26, 1916 (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sawel Cemetery	April 30 1916.
20-UNDERTAKER	ADDRESS
Charles B. Jones	506 Rogers Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

C94624 C94624

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

1-PLACE OF DEATH — REGISTERED NO. C 8

CITY OF BALTIMORE (No. 1718 Keyser ST. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Glascoe

(Residence in Baltimore: No. 1718 Keyser St.: yrs. 9/12 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: February (Month), (Day), 1903 (Year)

7-AGE: 13 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

9-BIRTHPLACE (State or country): Baltimore Maryland.

PARENTS

10-NAME OF FATHER: John W. Glascoe

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Zeta Moore

13-BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W. Glascoe

(Address) 1718 Keyser St.

15 APR 28 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1916, to April 25 1916, that I saw her alive on April 25, 1916, and that death occurred, on the date stated above, at 9 A.m.
The CAUSE OF DEATH* was as follows:

Chronic Entero-Colitis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. C. Sandrock M. D.

April 26 1916. (Address) 1242 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 30, 1916

20-UNDERTAKER: Charles B Jones — ADDRESS: 506 Rogers St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

694625

CERTIFICATE OF DEATH.

92 694625

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 903 N. Castle ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislav Soukup

(Residence in Baltimore: No. 903 N. Castle St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Mch (Month) 1 (Day) ..... (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Coat maker

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Soukup

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josefa Pacholik

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Soukup

(Address) 903 N. Castle St

15- APR 28 1916 Filed....., 191... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

CAUSE OF DEATH to be plainly written, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 191..., to April 26 191..., that I saw him alive on April 26 191..., and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Krauth M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 29, 1916

20-UNDERTAKER Frank Crockett — ADDRESS 1906 Gilmore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94626 — 91 C94626

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Sisquith ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Faigie Fabyan

(Residence in Baltimore: No. 109 Sisquith St St.: 26 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Goldman

(Address) 109 Sisquith St.

15- APR 28 1916 ROBERT , KRAUTER
Filed....., 191..... Burial Permit Clerk
Registrar.

CAUSE OF DEATH. If plain words, avoiding technical terms, are used, it may be prepared in this space. Physician's or coroner's certificate is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to April 27 1916, that I saw her alive on April 27 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Bronchopneumonia .....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. H. Baylin M. D.

4/28, 1916 (Address) 1717 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 109 Sisquith St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Int Carmel	April 28 1916
20-UNDERTAKER	ADDRESS
S. Levinson & Bro	Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94627 120

CERTIFICATE OF DEATH.

C94627

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 W. W est ST.; 23 WARD)

2—FULL NAME Geo H. Vinson

(Residence in Baltimore: No. 158 W W est St.; 80 yrs., 4 mos. 1 da.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1835 (Year)

7-AGE, 80 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired 13 yrs)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jas. Vinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Stuart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Vinson

(Address) 158 W. W est

15-
Filed APR 28 1916 191.... ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 26 1915, to Apr 26 1916, that I saw h alive on Apr 25 1916, and that death occurred, on the date stated above, at 8-4 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Et Cancer

(Duration) yrs. mos. 3 ds.

(Signed) Frank C Vinson M. D.

4/26, 191.., (Address) 132 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, April 28, 1916

20-UNDERTAKER E. Schlosman & Son — ADDRESS 1039 Hanover St

CAUSE OF DEATH must be plainly stated, so that it may be properly important. See instructions on back of certificate.

C94623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C94628

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 Russell ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Driver

(Residence in Baltimore: No. 1013 Russell

St.; 62 yrs., 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) May 6 (Day), 1842 (Year)

7-AGE, 73 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John J Driver

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Berdon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary C C Driver

(Address).....1013 Russell

15- Filed APR 28 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatism

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Valvular dis of Heart

(Duration) 5 yrs. mos. ds.

(Signed) Edw Vincent M. D.
(Coroner.)

April 27, 1916 (Address) 5 1/2 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	April 29th 1916
20-UNDERTAKER	ADDRESS 1039
E. Schlosnant & Son	Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C94629

C94629

REGISTERED NO. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1115 Riggs Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Earl Cranston Dunnaway

Residence in Baltimore: No. 1115 Riggs Ave St.; ..... yrs., 9½ mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, May 30, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wayland Dunnaway

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Wilhelmia ——

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Dunnaway

(Address) 1115 Riggs Ave

Filed APR 28 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1, 1916, to Apr 27 1916.
that I saw h[illegible] alive on Apr – 27 1916.
and that death occurred, on the date stated above, at 5p m.
The CAUSE OF DEATH* was as follows:
Acute Pulmonary Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Edward Short M. D.

Apr. 27, 1916 (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Harmony Meth Va	April 30, 1916
20-UNDERTAKER Northumberland James H Dunning	ADDRESS 1303 Eastern

IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

091630 91 091630

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 618 Jasper street, ..ST.: 17 WARD)

2-FULL NAME Hattie Jones,

(Residence if not in Baltimore: No. 618 Jasper street, ..St.: yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	Colored,	Widowed,

6-DATE OF BIRTH, ... Unknown, (Month) ....., (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. ? mon. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook in 876
(b) General nature of industry, business, or establishment in which employed (or employer)..... private families,

9-BIRTHPLACE, (State or Country), Maryland,

PARENTS.

10-NAME OF FATHER, John Jackson,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ball, friend,

(Address) 813 Pierce street.

15- ROBERT , KRAUTER, Registrar.

Burial Permit Issued APR 28 1916

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 27th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.her death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Catarrhal pneumonia,
..... (Bronchitis sequelae)
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
..... (Duration).....mos.....ds.

(Signed) J. Frederick Wimpel M. D.
(Coroner.)

April 27 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	April 30 1916
20-UNDERTAKER	ADDRESS
Daniel Easton	916 Pa. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94631 C94631

CERTIFICATE OF DEATH

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 Lemale ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie R Williams

(Residence in Baltimore: No. 621 Lemale St.; yrs. 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Divorced

6-DATE OF BIRTH: July 1 1874 (Month) (Day) (Year)

7-AGE: 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Watson Payne

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Williams

(Address) 620 Lemale St

15

Filed APR 28 1916

ROBERT . KRAUTER,
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1916, to April 26 1916, that I saw h[illegible] alive on April 25, 1916, and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory Inguinal Hernia without mention of obstruction or gangrene

(Duration) 7 yrs. 4 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C C Stewart M. D.

April 27, 1916. (Address) 1003 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 25 1916

20-UNDERTAKER: John H Joadun — ADDRESS: 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

C94632

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94632

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 S Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Schultz

Residence in Baltimore: No. 838 S. Bond. St.; 26 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown ....., 1863
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
53 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Labor
(b) General nature of industry, business, or establishment in which employed (or employer)..... 743

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. F. Schultz

(Address) 838 S. Bond St

15-

Filed APR 28 1916, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to April 27 1916, that I saw h in alive on April 27 1916, and that death occurred, on the date stated above, at 1-30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Thos. A. Bullock M. D.

4-28, 191.6 (Address) 1624 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	April 29, 191.6
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann

IMPORTANT. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94633 C94633

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Nanticoke ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brown

(Residence in Baltimore: No. 1137 Nanticoke St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1916 (Year)

7-AGE, yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Harry B. Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Brambly,

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B. Browne

(Address) 1137 Nanticoke St

Filed APR 28 1916, ROBERT KRAUTER, Registrar.

Burial permit

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to April 27 1916, that I saw h[e] alive on April 26 1916, and that death occurred, on the date stated above, at 7¼ m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 5 ds.

(Signed) Stephen A. Draud M. D.

April 27, 1916. (Address) 1127 Baker St E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	April 28, 1916.
20-UNDERTAKER James Digman & Son	ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

C94634

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94634

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Park Heights Av ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Rider

(Residence in Baltimore: No. 3915 Park Heights Av St.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 24 (Day), 1849 (Year)

7-AGE, 66 yrs. 9 mos. 28 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Mnfg.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Solomon Rider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Neuman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Rider

(Address) 3911 Park Heights Av

15-

Filed APR 28 1916, 191.. ROBERT J. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 27 1916, that I saw him alive on April 27 1916, and that death occurred, on the date stated above, at 11:15 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilitation of Heart

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. 3 mos. da.

(Signed) Jas. S. Aikenhead M. D.

April 28, 1916 (Address) 1012 Park Heights Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew

DATE OF BURIAL, April 30, 191..

20-UNDERTAKER Ward Sanders

ADDRESS 1811 McHenry St

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Physicians are requested to fill out certificates promptly and accurately, as they are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 / 8 / 40 C94635

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 502 W. Hamburg ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Treuting

(Residence in Baltimore: No. 502 W. Hamburg St. St.; 57 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, Aug. (Month) 20th (Day), 1858 (Year)

7-AGE.	If LESS than 1 day,
57 yrs. 8 mos. 6 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fixture frame Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Faust Bros.

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Treuting

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Ziegler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Treuting

(Address) 15 Wheeler Ave

15- Filed ROBERT KRAUTHER, Burial Permit Clerk, Registrar. APR 28 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to April 26 1916, that I saw h.m alive on April 26 1916 and that death occurred, on the date stated above, at 3.25 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach Liver and Mesenteric glands Edematary anasarca (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Asthma (Duration) ....yrs. ....mos. 1 ds.

(Signed) G. H. Hamman M. D.

April 27 1916 (Address) 1714 N. Warren Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, April ....., 1916

20-UNDERTAKER Mr. & Mrs. John H. Feufel — ADDRESS 201 W. Fayette St.

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Omissions cause unnecessary correspondence. See instructions on back of certificate.

C94636

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

C94636

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 396 E 31st St 12 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie M Stanfield

(Residence in Baltimore: No. 396 E. 31 St.; 36 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Sept. (Month) 1 (Day), 1879 (Year)

7-AGE: 36 yrs. 7 mos. 27 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Chas. Haynis

11-BIRTHPLACE OF FATHER (State or country): Balto. Md

12-MAIDEN NAME OF MOTHER: Elizabeth Robinson

13-BIRTHPLACE OF MOTHER (State or country): Eng Land

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Stanfield

(Address) 396 E. 31

15- APR 28 1916 Filed ....., 191.... HARRY C. ANDREWS REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1916, to, April 25 1916, that I saw her alive on April 27, 1916, and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

a Tuberculosis Pulmonalis

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H W Cudden M. D.

4/28/16, 191.... (Address) 321 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Johns. Cem — DATE OF BURIAL: April 30, 1916

20-UNDERTAKER: Waverly William Cook — ADDRESS: 502 E North ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94637

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94637

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Ridgewood Ave 15 St., WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Buck

(Residence in Baltimore: No. 712 Ridgewood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 8, 1844.
(Month) (Day) (Year)

7-AGE, 71 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 666

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jhust Dunger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary E Hardy

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H Bahr

(Address) 712 Ridgewood

15-

APR 28 1916

Filed....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to April 27 1916, that I saw him alive on April 26 1916, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) E Wilkes Wheeler M. D.

April 28, 1916 (Address) 2129 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, April 30, 1916.

20-UNDERTAKER Lowe & Co ADDRESS 502 E Hall

CAUSE OF DEATH must be filled in plainly and completely. Every question must be answered or the certificate will be returned for correction. Use only black ink. Do not use lead pencil. Be careful to write plainly and to spell correctly. Do not abbreviate except where indicated. Be sure to answer all questions which are important. See instructions on back of certificate.

C94638

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH.

C94638

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 728 Cumberland street, ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank T. Blanch,

(Residence in Baltimore: No. 728 Cumberland street, St.: 1 yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, March (Month) 8th (Day), 1853. (Year)

7-AGE, 63 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House carpenter,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jeremiah Blanch,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Amanda Daley,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Blanch, brother,

(Address) 1321 Homewood avenue.

15 APR 28 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sclerosis coronary arteries,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kempel M. D.
(Coroner.)

April 27, 1916 (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ner Cathedral Cem.	April 29 1916
20-UNDERTAKER William Cook	ADDRESS 602 E. North av.

N. B.—Every item of information should be given. Copy CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94639 C94639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1004 Salisbury Al ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Little

(Residence in Baltimore: No. 1004 Salisbury St. Al. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ..., 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 29 1916 HARRY T. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) Wm H Swaney M. D.
(Coroner.)

Apr 18, 1916 (Address) 1729 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	APR 29 1916, 19...
20-UNDERTAKER Commissioner	ADDRESS

Per. Wm. E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94040

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94040

CERTIFICATE OF DEATH.

1883

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Sq. Hospl St.: 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Gorne,

(Residence in Baltimore: No. 205 S. Parrish alley. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, About 45 yrs..... mos..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- HARRY C. ANDREWS
FILED APR 29 1916 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... 16th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab Wound (Homicide) with a Pocket Knife

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Sam'l Hamburger M. D.
(Coroner)

April ....., 1916. (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1/2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....205 S. Parrish Alley.....

Former or usual residence 205 S. Parrish Alley.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	APR 28 1916, 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94641 C94641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Burnell

(Residence in Baltimore: No. 1708 McCulloh St St.; ..... yrs., 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 21, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Eliz. Burnell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 29 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to April 26 1916, that I saw h.. alive on April 26 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition ?

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gillet W. Rosenthal M. D.

Apr 26, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1708 McCulloh St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPI

DATE OF BURIAL, APR 27 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

FOR ANATOMICAL PURPOSES

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94642 C94642

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 N. Patterson Pk Ave ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H. Housman Sr.

(Residence in Baltimore: No. 1741 N. Patterson Pk Ave St.; 66 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 11th, 1849
(Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

9-BIRTHPLACE, (State or Country), Balto County Md

PARENTS.

10-NAME OF FATHER, Henry Housman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Housman

(Address) 1739 N. Patterson Pk Ave

15- Filed APR 29 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CAUSE OF DEATH must be stated plainly and in full. Omission of important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1916, to April 25th 1916, that I saw him alive on April 25th 1916, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Tabs Dis Heart

(Duration) Long yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ... yrs. ... mos. 14 ds.

(Signed) F. H. Wolters M. D.

April 28, 1916. (Address) 1741 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Apr 30 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Aisquith

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94643

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 S. Patterson Park Ave ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Greener

(Residence in Baltimore: No. 725 S. Patterson Park Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 19 (Day), 1883 (Year)

7-AGE, 32 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rail Road Instructor
(b) General nature of industry, business, or establishment in which employed (or employer): P.R.R. Co.

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Frederick Greener

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Minnie Driggack

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie L. Bromwell

(Address) 725 S. Patterson Park Ave

15- APR 29 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 21 1916, to April 26 1916, that I saw him alive on April 26 1916, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. D. Driggack M. D.

Apl. 28, 1916 (Address) 2818 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Apl. 29 1916
20-UNDERTAKER Phillip Herwig	ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94644

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

C94644

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Watkins

(Residence in Baltimore: No. 1426 McElderry St St.; ..... yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, February 18, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 2 mos. 4 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Watkins

11-BIRTHPLACE OF FATHER (State or Country), Charles Co. Md

12-MAIDEN NAME OF MOTHER Anna Mabel

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed APR 29 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 11 1916, to April 22 1916, that I saw h... alive on April 22 1916, and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

Hydronephrosis Consequent to obstruction of ureter

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cyst of Omentum Congenital

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gilbert V. Rosenthal M. D.

April 22, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1426 McElderry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSP	APR 27 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURPOSES

Important. See instructions on back of certificate.

7

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94645

CERTIFICATE OF DEATH.

81

C94645

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 N. Calvert ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Clark

(Residence in Baltimore: No. 2202 N. Calvert St.: 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, March (Month) 30 (Day), 1833 (Year)

7-AGE, 83 yrs. mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Buckley

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Jane Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion C. Clark

(Address) 2202 N. Calvert St

15- Filed APR 29 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 12th 1916, to April 27th 1916, that I saw her alive on April 27th 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Paralysis (Cerebral)
Senila

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Lemuel C. Bryant M. D.

April 28th 1916. (Address) 122 W. 22nd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Marys Towns — DATE OF BURIAL, April 28th 1916.

20-UNDERTAKER Henry Meakins & Sons 60 — ADDRESS Section 6 Orchard Sts.

Cause of death must be stated. See instructions on back of certificate. Important.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94646 C94646

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 W Lanvale ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 28.)

2-FULL NAME Alfred C. Upshur

(Residence in Baltimore: No. 539 W. Lanvale St.; 22 yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Widower

6-DATE OF BIRTH, Nov. (Month) ....., 1893 (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 5 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bellman 87
(b) General nature of industry, business, or establishment in which employed (or employer): (Hotel)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, William Upshur

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Addie Deaver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertina Deman

(Address) 539 W. Lanvale

15- APR 29 1916 HARRY C. ALBERT

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1916, to April 26 1916, that I saw h.. alive on April 24th 1916, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Winsor M. D.

....., 191... (Address) 1220 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	April 29, 1916
20-UNDERTAKER John G. Bishop	ADDRESS D. Field Rd.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94647 C94647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 1820

CITY OF BALTIMORE: (No. 2033 Orleans ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria N. Neutze

(Residence in Baltimore: No. 2033 Orleans St.; 40 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: December 23, 1855 (Month) (Day) (Year)

7-AGE: 60 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Chas H. Wagenfuehr

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Maria Meister

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Neutze

(Address) 2033 Orleans St

15- Filed APR 29 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1915, to April 27 1916, that I saw her alive on April 27 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Diffuse Nephritis

(Duration) yrs. 4 mos. 28 ds.

CONTRIBUTORY (Secondary): Dropsy and Exhaustion

(Duration) yrs. mos. 14 ds.

(Signed) Adolph L. Eisenberg M. D.

April 27, 1916. (Address) 2201-3 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Apr 30, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

91

C91648

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Rahnemann General Hospital, 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mittie C. Melvin,

(Residence in Baltimore: No. 1930 W. North Avenue, 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female,	White,	Married,

6-DATE OF BIRTH,

.....Unknown,....., /.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. ? mos. ? ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housewife,.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Missouri,

PARENTS.

10-NAME OF FATHER, M. I. Couch,

11-BIRTHPLACE OF FATHER (State or Country), United States,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles O. Melvin, Husband.,

(Address) Pokomoke City, Maryland.

15- Filed APR 29 1916 ROBERT, KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

.....April.....28th....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Catarrhal pneumonia,.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....3yrs.....mos.....ds.

(Signed) J. Frederick Hemple M. D.
(Coroner.)

April 28 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

1930 W. North Ave.

Former or usual residence.....1930 W. North Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
M.E.C. Pokomoke City Md	April 29 1916
20-UNDERTAKER Daniel Easton	ADDRESS 826 Pa-ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94649

CERTIFICATE OF DEATH.

40

C94649

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hermin Gutman

(Residence in Baltimore: No. 1714 Eutaw Place Eutaw St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1856 (Year)

7-AGE, 59 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Abraham Brafman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Susan Weglein

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Gutman

(Address) 1714 Eutaw Place

15- APR 29 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1916, to April 28 1916, that I saw h[er] alive on April 28 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pancreas

Jaundice, bladder

Secondary Inanition

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Adler M. D.

April 29, 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Hebrew	July 30, 1916

20-UNDERTAKER	ADDRESS
Harry Sondheim	118 N Howard St

CAUSE OF DEATH must be stated in plain English. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94650 C94650

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 713 Hanover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Mohr

(Residence in Baltimore: No. 713 Hanover St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March (Month) 6 (Day), 1834 (Year)

7-AGE, 82 yrs. 1 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Doell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Doering

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Furst

(Address) 713 Hanover St.

15- Filed APR 29 1916 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 21 1916, to Apr. 27 1916, that I saw h[illegible] alive on Apr. 26 1916, and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 1 yrs. — mos. — ds.

(Signed) Henry Wade Elmer M. D.

Apr. 28 1916 (Address) 933 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Apr 29, 1916.

20-UNDERTAKER F. A. Krause

ADDRESS 713 Hanover

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94651

CERTIFICATE OF DEATH.

92 C94651

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 724 W. North ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry N. Richers

(Residence in Baltimore: No. 724 W. North ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 20 (Day), 1842 (Year)

7-AGE, 74 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired feed dealer
(b) General nature of industry, business, or establishment in which employed (or employer): 671

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Nicholas Richers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Elizabeth Richers

(Address) 724 W. North ave

15- Filed APR 29 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 15 1916, to Apl 27 1916, that I saw him alive on Apl 26 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b)

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. A. Krause M. D.

Apl 27, 1916. (Address) 1914 W Lafayette ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Apl 28, 1916.

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

CAUSES OF DEATH should be stated by a physician if possible. Information is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94652 C94652

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Cook

(Residence in Baltimore: No. 835 Lennox St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1905 (Year)

7-AGE, 11 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shoeblack

9-BIRTHPLACE, (State or Country), Md Balto.

PARENTS.

10-NAME OF FATHER, Wm Cook

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia Ransom

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address) University Hosp

15- Filed APR 29 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~April~~ Feb 24 191 6., to April 27 191 6., that I saw h Last alive on April 27 191 6., and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) yrs. mos. ds.

(Signed)..... M. D.

Apr. 27 191 6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 28 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence 835 Lennox St

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery — DATE OF BURIAL, April 29, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Pratt

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Emil H. Raushbach.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94653 81 C94653

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 903 N Gilmor ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Herman Raushbach

(Residence in Baltimore: No. 903 N Gilmor St. ; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... January (Month) 6 (Day), 1860 (Year)

7-AGE, 56 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Woman Leather
(b) General nature of industry, business, or establishment in which employed (or employer)..... Manf. 734

9-BIRTHPLACE, (State or Country), City Balto.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Raushbach

(Address) 903 N Gilmor St

15-APR 29 1916 ROBERT , KRAUTER,
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... apr. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1916, to apr 26 1916, that I saw h[illegible] alive on apr 26 1916, and that death occurred, on the date stated above, at 3.20 p. m.

The CAUSE OF DEATH* was as follows:

..... Cardiac Dyspepsia

..... abt 12 hours

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis recent

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..... G. Lebrole Ecob M. D.

apr 28, 1916 (Address) 905 E. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Apr. 29, 1916
20-UNDERTAKER	ADDRESS
H. Feldmeyer	North ave

Important. See instructions on back of certificate.

Spec.—5-17-1[illegible]—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

25

1-PLACE OF DEATH Biddle & Eutaw Sanatorium REGISTERED NO. C

CITY OF BALTIMORE: (No. 2724 N Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura M. Sauer

(Residence in Baltimore: No. 2724 N Charles St.: 41 yrs., 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widowed

6-DATE OF BIRTH, Nov (Month) 16 (Day), 1874 (Year)

7-AGE, 41 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Librarian
(b) General nature of industry, business, or establishment in which employed (or employer): Congressional

9-BIRTHPLACE, (State or Country), Baltimore Md February

PARENTS.

10-NAME OF FATHER, Nicholas E Hunter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Wenner

(Address) Baltimore

15- APR 29 1916 Filed ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1916, to April 26 1916, that I saw her alive on April 26 1916, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

Acute Mycarditis

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. mos. 7 ds.

(Signed) Wm M Sellman M. D.

April 27, 1916 (Address) 5 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 14 ds. In the State 41 yrs. mos. ds.

Where was disease contracted, if not at place of death? -

Former or usual residence Md

19-PLACE OF BURIAL OR REMOVAL. Lot Greenmount. DATE OF BURIAL, May 1st, 1916.

20-UNDERTAKER Wm M Saulsbury ADDRESS 1624 N Eutaw

(Over)

Cross out the words not important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94655 C94655

CERTIFICATE OF DEATH.

× 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Cole

Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, Apr. (Month) 22 (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. ....mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer. 02
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jim Cole

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Long.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas M. Norris

(Address) Brooklyn ville Md

15- APR 29 1916 Filed....., 191.... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1916, to April 28 1916, that I saw him alive on April 28 1916, and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation Chronic Nephritis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Harry M Stein M. D.

4/28, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 10 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Brooklynville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Co.	April 31, 1916.
20-UNDERTAKER	ADDRESS
A. S. Marshall	3529 Falls Rd.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94656

CERTIFICATE OF DEATH.

79 C94656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Orleans ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Boone

Residence in Baltimore: No. 1324 Orleans St.; 54 yrs., ... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col.	Widow

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
54 yrs. — mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic '87
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd. Occupation

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Anderson

(Address)..... 1324 Orleans St

15- Filed APR 29 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 28, ..., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13, 1916, to April 28, 1916, that I saw h. alive on, April 27, 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows: 1 T

..... Mitral regurgitation

.....

.....

..... (Duration) ..... yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Acute diffuse nephritis

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) J C Robinson M. D.

4/29 191 6 (Address) 611 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	April 30, 1916
20-UNDERTAKER John W Henderson	ADDRESS 31 N Carolin

Sections 6 and 7 important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94657

CERTIFICATE OF DEATH.

28 C94657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2156 Hollins ST.: 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H Tatum

(Residence in Baltimore: No. 2156 Hollins St.: 38 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Aug (Month) 3 (Day), 1877 (Year)

7-AGE	If LESS than 1 day,
38 yrs. 8 mos. 24 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Pipe Fitter 333
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Daniel Tatum

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Spetzler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. H. Tatum

(Address) Catonsville Md

15- Filed APR 29 1916, 191. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1915, to April 27 1916, that I saw h[illegible] alive on April 26 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Iglehart M. D.

4-28-, 1916. (Address) 211 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	4-29-, 1916.
20-UNDERTAKER Robt Brooks & Son	ADDRESS Calhoun & Hollins

CAUSE OF DEATH must be stated in plain English. Indefinite terms, such as "Heart Failure," "Exhaustion," "Blood Poisoning," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Paralysis," "Convulsions," "Dropsy," "Fever," "Old Age," "Infantile Disease," "Accident," "Suicide," "Homicide," "Unknown," "Not Known," "Not Certain," "Not Given," "Not Stated," "Not Ascertained," "Not Known to Informant," "Not Known to Me," "Not Known to Physician," "Not Known to Coroner," "Not Known to Undertaker," "Not Known to Anyone," "Not Known to Me or Anyone," "Not Known to Me or Anyone Else," "Not Known to Me or Anyone Else Present," "Not Known to Me or Anyone Else Present at the Time," "Not Known to Me or Anyone Else Present at the Time of Death," "Not Known to Me or Anyone Else Present at the Time of Death or Before," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly," "Not Known to Me or Anyone Else Present at the Time of Death or Before or After or During or Since or Ever or Never or Always or Sometimes or Often or Rarely or Seldom or Usually or Occasionally or Frequently or Constantly or Intermittently or Periodically or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irregularly or Regularly or Irreg

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94658 — C94658

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Heb. Hosp. St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Vonzoosbroeck.

(Residence in Baltimore: No. Hebrew Hosp. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) single

6-DATE OF BIRTH, apr (Month) 14 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Hebert Eardley-

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Katie Naumann

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed APR 29 1916 ROBERT , BRAUER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, apr (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from apr 18 1916, to Apr. 19 1916, that I saw him alive on apr 19 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

..... (1) Prematurity .....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Atelectasis (Pulmonis)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hiram Grant M. D.

apr 19 1916. (Address) Heb & Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, APR 28 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

FOR ANATOMICAL PURPOSES.

Consult your physician if in doubt about any of the above questions. Be careful and exact in answering, as the information is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 914 Back alley ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Plants

(Residence in Baltimore: No. 914 Back Alley — St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Unknown

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... ?

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis John [illegible]

(Address).....

15-
APR 29 1916 191.....
ROBERT , KRAUTER,
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Strangulated Hernia
Found dead on Back Alley

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration).....yrs.....mos.....ds.

(Signed) Edw. Gruenthal M. D.
(Coroner.)
4/28....., 1916. (Address) 31 North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	APR 28 1916 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CD4660 CD4660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 103

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospt. ST.; 7 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Reid
(Residence in Baltimore: No. 912 Rutland Ave St.; yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Jan. (Month) 20th (Day); 1896 (Year)

7-AGE, 20 yrs. 3 mos. 8 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.
10-NAME OF FATHER, James H. Reid
11-BIRTHPLACE OF FATHER (State or Country), Va
12-MAIDEN NAME OF MOTHER Annie Shell
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) James H. Reid
(Address) 912 Rutland Ave

15- Filed APR 29 1916 191... ROBERT . KRAUTER, Burial Permit (Deputy) Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 28th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Gastritis
(Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Samuel Wamberg M. D.
(Coroner.)
April 29th 1916 (Address) 2302 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1st ds. In the State 20 yrs 3 mos. 8 ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence 912 Rutland Ave

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 1st, 1916
20-UNDERTAKER	ADDRESS
Chas H. Bading	1711 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C34661

HEALTH DEPARTMENT—CITY OF BALTIMORE 49

C34661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 677 George street, ST.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Henry,

(Residence in Baltimore: No. 677 George street, St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Widowed,

6-DATE OF BIRTH, ... Unknown, (Month) ..... (Day) , 1 (Year)

7-AGE,	If LESS than 1 day,
76 yrs. ? mos. ? ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Messenger for
(b) General nature of industry, business, or establishment in which employed (or employer)..... Standard Oil Co.

9-BIRTHPLACE, (State or Country), Virginia,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... No informant.....

(Address).....

15- Filed APR 29 1916, 191.. ROBERT , KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) ..... 27th (Day) ....., 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Endocarditis Chronica, ...

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Roderick Kemp M. D.
(Coroner.)

April 29 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lexington Virginia	4/29, 1916
20-UNDERTAKER Samuel T Stenberg	ADDRESS 578 W Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94662

CERTIFICATE OF DEATH.

C94662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 W Lanvale ST.; 16 WARD) REGISTERED NO. C 79

2-FULL NAME Thomas E. Uppercoe

(Residence in Baltimore: No. 1904 W. Lanvale St ST.; ..... yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1880 (Year)

7-AGE, 35 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Time Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Telegraph. Co

9-BIRTHPLACE, (State or Country), Trenton Md

PARENTS.

10-NAME OF FATHER, John T. Uppercoe

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Sarah Rohrbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss May Uppercoe

(Address) 1904 W. Lanvale

15- Filed APR 29 1916 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1915, to ap 27 1916, that I saw h[illegible] alive on ap 27 1916, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

(a) Endocarditis

Mitral Insufficiency

Uremia (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Chas. C. Conner M. D.

April 28, 1916. (Address) 1101 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Arcadia. Md. DATE OF BURIAL, April 30 1916.

20-UNDERTAKER Lowe & Son ADDRESS 502 E North Ave

c/o. Miss Mae Uppercoe Via N. C. R.R.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

C94663

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Oakley ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Lewis Garrity.

(Residence in Baltimore: No. 1817 Oakley st

St.; ~ yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Mar. (Month) 11 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. S. Garrity

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Daisy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C Shannon

(Address) 700 Fulton Ave

15- APR 29 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 21 1916, to April 28 1916, that I saw h~~e~~r alive on April 27 1916, and that death occurred, on the date stated above, at 7.55a m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Debility

(Duration) ~ yrs. 1 mos. 1 ds.

(Signed) Geo C Shannon M. D.

April 28, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem. Hampden | DATE OF BURIAL, Apr. 30, 1916.

20-UNDERTAKER J & R Cook

ADDRESS 1003 West Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94664

CERTIFICATE OF DEATH.

91

C94664

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 789 W. Pratt ST.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bolfar

(Residence in Baltimore: No. 789 W. Pratt st St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 7 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Christ. Bolfar

11-BIRTHPLACE OF FATHER (State or Country), Hungarian

12-MAIDEN NAME OF MOTHER Caroline Lapicik

13-BIRTHPLACE OF MOTHER (State or Country), Hungaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Caroline Bolfar

(Address) 789 W. Pratt st

15- Filed APR 29 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to April 28 1916, that I saw him alive on April 28 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) J. M. Lemmerein M. D.

April 29, 1916. (Address) 826 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence C. & O. Ry.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross cemetery	April 30, 1916.
20-UNDERTAKER James Dignan & Son	ADDRESS 1000 S. Paca st

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 119

(94665

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Lewis ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leanna Foreman

(Residence in Baltimore: No. 300 Lewis. St.; 32 yrs. 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 10 (Day), 1884 (Year)

7-AGE, 32 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John Foreman

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Foreman

(Address) 300 Lewis

15-

Filed APR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1916, to Apr 27 1916, that I saw h-er alive on Apr 27 1916, and that death occurred, on the date stated above, at 1120 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... yrs. 7 mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Tonsilitis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) F. C. Link M. D.

Apr 28 191.6 (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, April 30th, 191.6

20-UNDERTAKER, Wm J. E. Jackson — ADDRESS 1709 Mulberry St

Spec.—5-19-13—M. & T.—500 Bks. Wladyslawa Gietka

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94666 C94666

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Regester ST.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslawa Gietka

(Residence in Baltimore: No. 241 S. Regester St.; 1 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February (Month) ..., 1915 (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 2 mos. ds.	hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Waclaw Gietka

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER Marie Brolinski

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Waclaw Gietka

(Address) 241 S. Regester St.

15- Filed APR 30 1916, 191.. ROBERT . KRAUTER, Burial Permit (Clerk) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to April 29 1916, that I saw h[er] alive on April 29 1916, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Whooping Cough.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) ...Convulsions.....

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) .....M. D.

April 29, 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	Apr. 30., 1916.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 905 S. Ann.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94667 94667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Moreland ave ST. 15 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Fuld

(Residence in Baltimore: No. 1705 Moreland Ave., St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. October 29th, 1827
(Month) (Day) (Year)

7-AGE. 88 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Lewis Hamburger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Fanny Vogelmannaa

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hanna F. Fuld

(Address) The Marlborough

15- APR 30 1916 ROBERT . KRAUTER,
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 29th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 13 1916, to April 29th 1916, that I saw h.r alive on April 29th 1916, and that death occurred, on the date stated above, at 6200 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Irving M. Snyder M. D.

April 30, 1916 (Address) 2426 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship Cem	May 1., 1916.
20-UNDERTAKER	ADDRESS
J. Kraus Co	1611 Madison

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94668

CERTIFICATE OF DEATH.

28 C94668

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605. S. Patterson. PK Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Senkowski

(Residence in Baltimore: No. 605. S. Patterson. PK. Ave St.; 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sep. (Month) 8 (Day), 1868 (Year)

7-AGE, 47 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Joseph Senkowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Wiktorya Pelczak

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) Mary Senkowski

(Address) 605 S. Patterson Pk

15- APR 30 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 191 6, to April 29 191 6, that I saw h[e] alive on April 29 191 6, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

(Signed) Max Krauter M. D.

April 29 191... (Address) 2808 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	May 1 1916
20-UNDERTAKER, William Fiaskowski	ADDRESS, 618 Eastern Ave.

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 319 S. Castle ST.: 2 WARD)

2-FULL NAME Lena Evers

(Residence in Baltimore: No. 319 S. Castle St.: yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

4'2 hrs

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 28th (Day) 1916 (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, ...hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Clay Evers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lena Theresa Beckner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena D. Evers

(Address) 319 S. Castle St

15- APR 30 1916 Filed ....., 191.... ROBERT, KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) D. W. Evers M. D.

Apr 29th, 1916. (Coroner.) (Address) 3116 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Apr 30th 1916
20-UNDERTAKER Christian Miller	ADDRESS 2538 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94670 C94670

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 W Pratt ST.; 5 WARD)

2-FULL NAME Louis Bartenstein

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 151 W Pratt St.; 1 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 2 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balti.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- APR 30 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on.....191....., and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ht Olivet Cem	April 30, 1916
20-UNDERTAKER	ADDRESS
Chas Zeltz	407 Balto

11 30 a. m.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C94871

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Evans

(Residence in Baltimore: No. 1826 E. Biddle St St.; ....yrs., ...mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 4, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 25 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Albert A. Evans

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary J. Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- APR 30 1916 ROBERT , KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to April 29 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 1 05 p m.

The CAUSE OF DEATH* was as follows:

Galactagia

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) K. Finney M. D.

April 29 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1826 E Biddle St

Former or usual residence 1826 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 1, 1916.
20-UNDERTAKER	**ADDRESS**
Henry Hoeck & Son	1301 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

C91672 HEALTH DEPARTMENT—CITY OF BALTIMORE C91672

CERTIFICATE OF DEATH.

REGISTERED No. C 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude C. Hard

(Residence in Baltimore: No. 1007 Hillman St.; 1 yrs., 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February (Month) 16 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 13 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Timothy Hard.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Ida Lamp

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Timothy Hard

(Address) 1007 Hillman St

15- Filed APR 30 1916, 191.. ROBERT . KRAUTER Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to April 29 1916, that I saw h[illegible] alive on April 29 1916, and that death occurred, on the date stated above, at 4[illegible]0 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis

Exhaustion (Duration) ....yrs. 1 mos. ....ds.

(Signed) Howard E. Harden M. D.

April 29, 1916 (Address) 520 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	April 30, 1916
20-UNDERTAKER Henry Storck & Son	ADDRESS 1301 E Eager St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 2

C94673

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hospital ST.; 12 WARD)

2-FULL NAME Infant of Walter & Madeline Williams

(Residence in Baltimore: No. 414 Henderson St (Wards) St.; ..... yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 26, 1916.
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds.
If LESS than 1 day, 9 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. Walter H. John Williams

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Madeline Brewer

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Williams

(Address) 414 Henderson St

15-APR 30 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to April 29 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 6.45A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Dalton M. D.

April 29, 1916 (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross.	April 30, 1916.
20-UNDERTAKER Wm. M. Gaughan	ADDRESS 1624 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94674

CERTIFICATE OF DEATH.

47 C94674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 William ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Knapp.

(Residence in Baltimore: No. 1206 William St.; 3 yrs. 5 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 7th, 1912. (Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph B Knapp.

11-BIRTHPLACE OF FATHER (State or Country), Ohio.

12-MAIDEN NAME OF MOTHER Annetta Deugler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph B Knapp.

(Address) 1206 William St.

15- Filed APR 30 1916, 191.... ROBERT . KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to April 28 1916, that I saw him alive on April 28 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Articular Rheumatism

(Duration) ....yrs....mos. 5 ds.

(Signed) G H Denton M. D.

Apr 30..., 191.6. (Address) 301 E. Lemon St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, 5-1..., 1916

20-UNDERTAKER E & B Hartle ADDRESS 115 E West St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94675

CERTIFICATE OF DEATH.

90 C94675

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Schroeder St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis B. Heusthoff

(Residence in Baltimore: No. 327 N. Schroeder St. St.; ..... yrs., Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, December (Month) 6th (Day) 1874 (Year)

7-AGE, 41 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Expressman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Local

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Louis G. Heusthoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Binder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma J. Heusner

(Address) Cockeysville - Md.

15- APR 30 1916 Filed....., 191.... ROBERT, KRAUTHER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from February 12th 1916, to April 27th 1916, that I saw him alive on April 27 1916, and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) ..... yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Col. E. Murray M.D. M. D.

Apr. 27., 1916 (Address) 510 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	April 30., 1916.

20-UNDERTAKER Chas. G. Black ADDRESS 201 W. Mulberry St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94676

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94676

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Home for Friendless 17 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Payne

(Residence in Baltimore: No. Home for Friendless 21st St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~OR DIVORCED,~~ (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. 18th, 1871. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert Coles Payne

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Martha F. Coyles

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence Adams

(Address) 611 W. Conway St.

15- FILED APR 30 1916 ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 6 1916, to Apr 29 1916, that I saw h er alive on Apr 27 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Peard M. D.

Apr 29th, 1916 (Address) 2105 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? (2)

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 1st, 1916

20-UNDERTAKER Co. J. Schlosman & Son ADDRESS 1039 Hanover St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 91677 × 92 C 91677

REGISTERED NO. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Green

(Residence in Baltimore: No. Sparrow's Point, Md. St.; unknown yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, abt 72 yrs. — mos. — da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Records .....

(Address) Md. Genl. Hosp. .....

15- Filed APR 30 1916, 191. ROBERT, KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12th 1916, to April 28th 1916, that I saw h[illegible] alive on April 28th 1916, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 1 ..... da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 15 da.

(Signed) Frank E. Shipley M. D.

April 29th 1916. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? ?

Former or usual residence Sparrow's Point, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Drakes Branch Va.	May 1, 1916
20-UNDERTAKER	ADDRESS
W J Sickens & Sons.	Camden & Pacific

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94678

CERTIFICATE OF DEATH.

28 C94678

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 W. Lanvale St. 19th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A Burton

(Residence in Baltimore: No. 1509 W Lanvale St. St.; ..... yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1878 (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

9-BIRTHPLACE, (State or Country). West Va.

PARENTS.

10-NAME OF FATHER, Henry Burton

11-BIRTHPLACE OF FATHER (State or Country), West Va.

12-MAIDEN NAME OF MOTHER Margaret Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Burton

(Address) 1509 W. Lanvale St

15-APR 30 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 28 (Day) 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Mch 25 1916, to Apr 28 1916, that I saw him alive on Apr 28 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ulcer Larynx

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Harry D. McCarty M. D.

Apr 29, 1916. (Address) 374 W Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Charles Town West Va. DATE OF BURIAL, April 1, 1916.

20-UNDERTAKER Martin Fahey & Sons ADDRESS 606 Lafayette Ave

important. See instructions on back of certificate.

C94679

HEALTH DEPARTMENT—CITY OF BALTIMORE

151
13
C94679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 629 Mosher street, St.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman P. Weston,

(Residence in Baltimore: No. 629 Mosher street, St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	Colored,	Single,

6-DATE OF BIRTH, March (Month) 31st (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Philip Weston,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Hattie Chew,

13-BIRTHPLACE OF MOTHER (State or Country), Maryland,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Weston, mother,

(Address) 629 Mosher street.

15- Filed APR 30 1916, 191.. ROBERT . KRAUTER, Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 28th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility,
(cause unknown)
((One of a pair of twins))

(Durntion).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) 3 yrs. mos. ds.

(Signed) J. Frederick Heuisler M. D.
(Coroner.)

April 29 1916. (Address) 3310 W. North av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Apr. 30, 1916
20-UNDERTAKER George H. Holland	ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of cause important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94680

CERTIFICATE OF DEATH.

120

C94680

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. 37th. St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Allen King

(Residence in Baltimore: No. 900 N. 37th. St. St.; 93 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec. 31, 1822
(Month) (Day) (Year)

7-AGE, 93 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter & Builder
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas King

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Jane Hudson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry W. Gramly

(Address) 900 N. 37th. St.

15- APR 30 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 28 1916, that I saw him alive on April 28 1916, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Stelley M. D.

April 29 1916. (Address) 3.D.H. 9 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 1, 1916.

20-UNDERTAKER Horace Burgeston

ADDRESS 363 Halls Rd.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94681

CERTIFICATE OF DEATH.

× 42 C94681

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Dinkle

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ....yrs.,....mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	married

6-DATE OF BIRTH. ..... (Month) ..... (Day), 1868 (Year)

7-AGE.	If LESS than 1 day,
52 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Daniel Hawkins

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Mary Cooper

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- APR 30 1916 ROBERT , KRAUTER,
.....ed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to April 24 1916, that I saw h er alive on April 24 1916, and that death occurred, on the date stated above, at 8 57 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolus
Confirmed by operation
..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of cervix above
..... (Duration).....yrs. 1 mos.....ds.

(Signed) W. E. Campbell M. D.

April 30, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Mannington W. Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mannington W. Va	April 30, 1916.
20-UNDERTAKER Elbert C Fuller	ADDRESS 221 N Broadway

...nt. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94682 C94682

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Hollins ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Meyers

(Residence in Baltimore: No. 2539 Hollins St.; 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 27, 1864. (Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Meyers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hof Knowles

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sophie Meyers

(Address) 2539 Hollins St

15- Filed APR 30 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1916, to April 29 1916, that I saw h.. alive on April 29 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculose

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculose of Larynx

(Duration) yrs. 6 mos. ds.

(Signed) E Woodcock M. D.

April 30, 191.. (Address) 244 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, Cathedral Cemetery DATE OF BURIAL, MAY 2 - 1916, 191..

20-UNDERTAKER Geo A Gerber ADDRESS Baltimore

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94683 — 30 — C94683

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1942 W Mulberry St. St.; 20 WARD)

REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Leonard Ring

(Residence in Baltimore: No. 1942 W Mulberry St.; 2 yrs. 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Sept 24, 1913 (Month) (Day) (Year)

7-AGE 2 yrs. 7 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ~~Home~~
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Saml. Leonard Ring

11-BIRTHPLACE OF FATHER (State or country) Balto Co. Md.

12-MAIDEN NAME OF MOTHER Daisy Sadler

13-BIRTHPLACE OF MOTHER (State or country) Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Saml. Ring (Mother)

(Address) 1944 W Mulberry.

15 — APR 30 1916 (Date Received) — ROBERT J. KRAUTER, Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 29th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 19th, 1916, to April 29th 1916, that I saw him alive on April 28th, 1916, and that death occurred, on the date stated above, at 6 a m. The CAUSE OF DEATH* was as follows:

Tuberculer Meningitis

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Benj. O. McCleary M. D.

4/30/16, 191 (Address) 804 N Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL — Loudon Park Cemetery — DATE OF BURIAL — MAY 1 - 1916

20-UNDERTAKER — Geo A Gerber — ADDRESS — Pitcher & Payson

N. B.-Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94684

CERTIFICATE OF DEATH.

120 C94684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Riverside ave St.; 24 WARD) REGISTERED NO. C

2-FULL NAME Thomas J. Brady

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1127 Riverside ave St.; 47 yrs., 5 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 18 (Day), 1868 (Year)

7-AGE, 47 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Transfer Prop'r
(b) General nature of Industry, business, or establishment in which employed (or employer): (wagons) 5

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Thomas J. Brady

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Quinn

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thos. Brady

(Address) 127 Riverside ave

15. Filed MAY 1 - 1916, 191.... HARRY C. ALLEN, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH April 28 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18 1916, to April 28 1916, that I saw him alive on April 28 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 4 ds.

(Signed) Jas. A. O'Donovan M. D.

April 30 191.., (Address) 107 E. West St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 1, 191.6

20-UNDERTAKER P. F. M. & Flynn

ADDRESS 1422 Light

Important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94685 64 C94685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 Haubert ST.: 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred McMulty

(Residence in Baltimore: No. 1239 Haubert St.; 25 yrs.,.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) Don't Know (Day) 1858 (Year)

7-AGE, 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin Duffy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Clark

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... James McMulty

(Address)..... 1239 Haubert St.

15- MAY 1 - 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

10-DATE OF DEATH, ... April (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to April 28 1916, that I saw h[er] alive on April 28 1916, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis Endocarditis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Jas A Dobson M. D.

April 29th 1916. (Address) 1076 Mat St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	May 1..., 1916.
20-UNDERTAKER	ADDRESS
P & M. J. Flynn	1422 Light St.

important. See instructions on back of certificate.

C94686

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C94686

Registered No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2600 Keyser St. 8 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B. Maisch

(Residence in Baltimore: No. 2600 Keyser St. 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (*Write* the word)
Male	White	Married

6-DATE OF BIRTH May 17th, 1863 (Month) (Day) (Year)

7-AGE 52 yrs. 11 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Martin Maisch

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Catherine Bishop

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Maisch

(Address) 2600 Keyser St

MAY 1 - 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 29 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26th, 1916, to April 29th, 1916, that I saw him alive on April 28th, 1916, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Asthenia (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [signature] M. D.

April 29th, 1916 (Address) 1501 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 2, 1916
20-UNDERTAKER	**ADDRESS**
Frank A. Fink	916 N. Gaylor

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94687 — 40 C94687

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Argyle ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Banks

(Residence in Baltimore: No. 1236 Argyle ave St.; 54 yrs., 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Oct 18 (Month), (Day), 1861 (Year)

7-AGE, 54 yrs. 4 mos. 10 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or estsblishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Colored

PARENTS.

10-NAME OF FATHER, Abe Lewis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maria Farro

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ella Banton

(Address) 1236 Argyle ave

15- MAY 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1915, to April 28 1916, that I saw her alive on April 28 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Neuritis
Cachexia
Pneumonia
(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Dr Chas T Claude M. D.

April 29 191. 6 (Address) 548 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, April 30, 1916

20-UNDERTAKER Chas L Hemsley — ADDRESS 578 N Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

C94688

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 18 Ward) REGISTERED NO. C 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Mae Kie

(Residence in Baltimore: No. 837 W. Lexington St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 17, 1896 (Month) (Day) (Year)

7-AGE, 19 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): " 221

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Kokie

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lizzie ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Baltimore St

15- FILED MAY 1 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 20 1916, to Apr 30 1916, that I saw ~~her~~ alive on Apr 30 1916, and that death occurred, on the date stated above, at 8:10 m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cellulitis following Septic Sore Throat (Duration) yrs. 1 mos. 10 ds.

(Signed) Geo D Stuart M. D.

Apr 30, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 10 ds. In the State 3 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 837 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Secretary Md	May 1, 191..
20-UNDERTAKER	ADDRESS
William Cook	502 E North Ave

5 P M.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94689 HEALTH DEPARTMENT—CITY OF BALTIMORE C94689

CERTIFICATE OF DEATH.

x 108

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD) REGISTERED NO. C.....

2-FULL NAME Howard Rymer.

Residence in Baltimore: No. Mercy Hospital St.; .....yrs., ...mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. 14, (Month) (Day) 1877 (Year)

7-AGE, 38 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, W. W. Rymer

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Patton

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Elkins W. Va.

15-MAY 1 - 1916 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 20 191 6, to Apr 30 191 6, that I saw him alive on Apr. 30 191 6, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard L. Rymer M. D.

Apr 30, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. 10 ds.

Where was disease contracted, if not at place of death? Carbon W. Va

Former or usual residence Carbon W. Va.

19-PLACE OF BURIAL OR REMOVAL, West Union Soldiers Lot W. Va. DATE OF BURIAL, May 1, 1916

20-UNDERTAKER Mr. Cook ADDRESS 502 E North Ave

C 94690

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94690

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 408 Fawcett St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Blanchard

(Residence in Baltimore: No. 408 Fawcett St.) 75 (St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, [illegible] (Month) (Day) 1841 (Year)

7-AGE, [illegible] yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Ferdinand Hebton

11-BIRTHPLACE OF FATHER (State or Country), Dont no

12-MAIDEN NAME OF MOTHER Emma Hebton

13-BIRTHPLACE OF MOTHER (State or Country), Dont no

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E Hansbury

(Address) 408 Fawcett st

MAY 1 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry C. Kelly M. D. (Coroner.)

April 29, 1916. (Address) 364 N. Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 2, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94691

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94691

CERTIFICATE OF DEATH.

× 45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Kuhnke

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs., ...mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, August 19, 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ernest Diab

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Hertner

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- MAY 1 - 1916 HARRY C. ARBAUGH
Filed....., 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to April 30 1916, that I saw h.er alive on April 30 1916, and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor
(Dural Endothelioma Left Cerebello-Pontine Angle)
(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Surgical Shock
(Duration) — yrs. — mos. 1 ds.

(Signed) Harvey W. Musser M. D.

April 30, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos. 3 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Manchester Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Md.	May 2, 1916.

20-UNDERTAKER	ADDRESS
A. Elliott & Sons	221 N Broadway

C94692

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

C94692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann General Hospital, ST.: 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Tucker,

(Residence in Baltimore: No. 2405 Arunah avenue, St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male,	White,	Married,

6-DATE OF BIRTH, ... January (Month) 31 (Day), 1850. (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 3 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Solicitor for 96
(b) General nature of industry, business, or establishment in which employed (or employer)..... printing office.,

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Eleye Tucker,

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER Theresa Ivory,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Tucker., wife.,

(Address) 2405 Arunah avenue.,

15- MAY 1 - 1916 Filed....., - 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 29th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichlorid of mercury poisoning,
(Suicide)
(Over.) (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) J. Frederick Kemp M. D.
(Coroner.)

April 30 1916. (Address) 3310 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1/2 mos. hour ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... 2405 Arunah avenue.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	May 2, 1916
20-UNDERTAKER	ADDRESS
Geo. Weber & Son	2503 Edmondson ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Be sure answer to every question is given. Every certificate is important. See instructions on back of certificate.

C94693

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C94693

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1042 W Lombard ST. 18 WARD)

2-FULL NAME Mary A. W Kalen

(Residence in Baltimore: No. 1042 W Lombard, St.; 62 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 3rd (Day), 1853 (Year)

7-AGE: 62 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Thomas French

11-BIRTHPLACE OF FATHER (State or country): Irelang

12-MAIDEN NAME OF MOTHER: Mary Cronin

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew M W Kalen

(Address) 1042 W Lombard

15. Filed MAY 1 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1916, to April 24 1916, that I saw h[illegible] alive on April 24, 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Arthritis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) [illegible] M. D.

4-30, 1916. (Address) 130 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: May 24 1916

20-UNDERTAKER: John J Cowan Sons — ADDRESS: 901 Gorsuch Ave

N. B.—Every item of information must be given as correctly as possible. Exact statement of OCCUPATION state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94694 HEALTH DEPARTMENT—CITY OF BALTIMORE C94694

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 W. North ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Robins Rich

(Residence in Baltimore: No. 751 W. North Ave — St.; 1 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January (Month) 27 (Day), 1841 (Year)

7-AGE, 75 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer): 75

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Arthur Rich Sr. Md

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary White Hillbank

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clinton Rich

(Address) 751 W. North Ave —

15- FILED MAY 1 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl. (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 16th 1916, to Apl 30th 1916, that I saw h my alive on Apl 29th 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy with partial hemiplegia of the throat

(Duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 6 yrs. — mos. — ds.

(Signed) Eugene Douglass M. D.

Apl 30th, 1916. (Address) 930 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, All Saints Cem Rustertown — DATE OF BURIAL, May 3rd, 1916

20-UNDERTAKER H. W. Jenkins & Sons Co. ADDRESS Orchard & Fulton Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94695

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94695

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 S. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Koerting

(Residence in Baltimore: No. 1715 S. Charles St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Dec 2, 1834
(Month) (Day) (Year)

7-AGE, 81 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 539
(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Engineer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Fred Koerting

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Koenig

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Koerting

(Address) 511 Madison Ave

15- FILED MAY 1 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 6 1916, to Apr 29 1916, that I saw h[im] alive on Apr 28 1916, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentery

Chronic Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY. (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A Evans M. D.

Apr 30, 191.6 (Address) 1935 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem.	May 2, 191.6
20-UNDERTAKER McLean & Jones	ADDRESS 833 Linden ave

important. See instructions on back of certificate.

C94696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C94696

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 423 N Washington ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Henry B. Schutte

(Residence in Baltimore: No. 423 N Washington St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... June (Month) 21st (Day), 1859 (Year)

7-AGE, 56 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Photographer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 768

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry B Schutte

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Friedrick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C B Schutte

(Address) 423 N. Washington St

15- FILED MAY 1 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Disease of Heart

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward J Carey M. D. (Coroner.)

April 29th, 1916 (Address) 114 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer, Cem.	May 2nd, 1916
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 N Wolfe St.

CAUSE OF DEATH must be plainly written, and all questions answered as far as practicable. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94697

C94697

63

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 632 N. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Moore

(Residence in Baltimore: No. 632 N. Washington St.; 6 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. June 7, 1856 (Month) (Day) (Year)

7-AGE. 59 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer & Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Co. Md

PARENTS.

10-NAME OF FATHER. Alexander Moore

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Co Md

12-MAIDEN NAME OF MOTHER Mary A. Shaffer

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. L. Schubert

(Address) 632 N. Washington

15- MAY 1 - 1916 Filed....., 191.....

HARRY C. KELLER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1916, to date of death 1916, that I saw h in alive on April 30 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Death was due
to Myelitis of years Standing

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. L. Davis M. D.

May 4, 191.6 (Address) 824 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Johns Cemetery Kingsville

DATE OF BURIAL, May 2, 191.6

20-UNDERTAKER Pirkler & Pirkler

ADDRESS 1739 E. Eager

Important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Blks.

C94698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 28 C94698

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Nobl St Ofard ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Silver

(Residence in Baltimore: No. Nobl St Offord St.; yrs.. mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Widow

6-DATE OF BIRTH. about ....., 1866
(Month) (Day) (Year)

7-AGE. about 50 yrs ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country). Canada

PARENTS.

10-NAME OF FATHER. Robt Hood.

11-BIRTHPLACE OF FATHER (State or Country). England.

12-MAIDEN NAME OF MOTHER. Kate McDonald

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Hattie J. Hood.

(Address) 123 Prospect Place

15-

Filed MAY 1 - 1916 191.. HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 29 1916, that I saw h CA alive on April 14 1916, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Right) Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. don't know mos. ....ds.

(Signed) R E Kuser M. D.

April 30, 1916 (Address) Tuscarora Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. 19 ds.

Where was disease contracted, if not at place of death? Canada

Former or usual residence St Catharines, Ont Canada

19-PLACE OF BURIAL, OR REMOVAL. St Catharines, Canada

DATE OF BURIAL. May 1, 1916

20-UNDERTAKER Stewart & Mowen Co

ADDRESS 108 W. North Ave

Important. See instructions on back of certificate.

C94699

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C94699

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N. Biddle St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Wilson

(Residence in Baltimore: No. 633 N. Biddle St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 27 years (Month) January (Day) 1 (Year) 1916

7-AGE: 27 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Labor on the 536
(b) General nature of industry, business, or establishment in which employed (or employer): B. O. R. R. L. tracks

9-BIRTHPLACE (State or country): Accomack Co. Virginia

PARENTS

10-NAME OF FATHER: Ben. Wilson

11-BIRTHPLACE OF FATHER (State or country): Accomack Co. Virginia

12-MAIDEN NAME OF MOTHER: unknow

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Wilson

(Address) 633 w. Biddle St

MAY 1 - 1916 Filed ....., 191

HARRY (ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1916, to April 30 1916, that I saw him alive on April 20 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs 6 mos. — ds.

Contributory (SECONDARY) Dropsy

(Duration) — yrs — mos. — ds.

(Signed) Jno. J. Wheeler M. D.

4/30/ 191 6. [Address] 1220 E. 17th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Dept. Auburn Cemetery

DATE OF BURIAL: May 2 ..... 191 6

20-UNDERTAKER: Felix B. Pyle

ADDRESS: 102 E. Mulberry

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94700

CERTIFICATE OF DEATH.

79 C94700

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1164 Carroll St. ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M Newton

(Residence in Baltimore: No. 1164 Carroll St St.; 27 yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 26, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Welder
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, George Newton

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Kate Stewart

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara C Newton

(Address) 1164 Carroll St.

15-MAY 1 - 1916

Filed....., 191.... HARRY E ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 - 1916, to Apr. 29 1916, that I saw h[illegible] alive on Apr. 28 1916, and that death occurred, on the date stated above, at 12 45 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation
Cerebro spinal congestion
(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Stenosis
(Duration) ....yrs. ....mos. ....ds.

(Signed) M C Fulmer M. D.

4/29, 1916. (Address) 652 Columbia St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 2nd, 1916.

20-UNDERTAKER John J Fields

ADDRESS 1500-2 Rembrandt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94701

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94701

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 E Madison ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Engel

(Residence in Baltimore: No. 1805 E Madison St.; 76 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January (Month) 22 (Day) 1853 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Fredericka M. Hoeck

(Address) 1337 E Lanvale St.

15- MAY 1 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1916, to April 30 1916, that I saw h[illegible] alive on April 30 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration).....yrs.....mos. 33 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration).....yrs.....mos. 1 ds.

(Signed) Allen S Gage M. D.

5/6/16, 191... (Address) 702 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	May 3, 1916
20-UNDERTAKER Henry Hoeck Son	ADDRESS 301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94702

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 C94702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 St. Joseph's German Hospital ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bartolo Serannì

(Residence in Baltimore: No. 212 Cypress Alley St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 1st (Month) (Day), 1863 (Year)

7-AGE, 52 yrs. — mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Do Not Know
(b) General nature of industry, business, or establishment in which employed (or employer): 403

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Mariano Serannì

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Costentino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Demarco

(Address) 112 S. Camden St.

15- MAY 1 - 1916 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to May 1 1916, that I saw h em alive on May 1 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Peritonitis Pleurisy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) yrs. mos. 1 ds.

(Signed) Oscar V. Pulaski M. D.

May 1, 1916 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 52 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 212 Cypress Alley.

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, May 2, 1916

20-UNDERTAKER Jno J. Fahey & Sons ADDRESS 1318 Light

Important. See instructions on back of certificate.

4750

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 694703

REGISTERED NO. [illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Bethel ST.) V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew. Kwiatkowski

(Residence in Baltimore: No. 617 S. Bethel St.; W yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 26, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country). Baltimore.

PARENTS.

10-NAME OF FATHER, Michal. Kwiatkowski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Helen. Kuczynska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal. Kwiatkowski

(Address).....

15- MAY 1 - 1916 Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to April 30 1916, that I saw him alive on April 29 1916, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

May 1, 1916. (Address) 2238 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 1, 1916.

20-UNDERTAKER William Jackowski — ADDRESS 168. Eastern ave.

important. See instructions on back of certificate.

C91704

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

6

C91704

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S Robinson ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Gearal Herpel

(Residence in Baltimore: No. 215 S. Robinson St.; yrs. 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH June 27, 1915 (Month) (Day) (Year)

7-AGE — yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Chas W. Herpel

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Selma Ehrenwerr

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas W. Herpel

(Address) 215 S. Robinson St

15- MAY 1 - 1916 (Filed) 191.. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH April 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30, 1916, to, Apr. 30 1916 that I saw h.. alive on Apr 30 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Bronchio-pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) E. G. Rusk M. D.

May 1 1916 [Address] Lou & Baltimore St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetary — DATE OF BURIAL: May 2 1916

20-UNDERTAKER: Christian Miller — ADDRESS: 233 Jefferson St

(Reverse side of certificate. ATTENTION is very important. See instructions on back of certificate.)

Spec.—5-19-13—M. & T.—500 Bks.

C94705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C94705

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Collington Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Jakubowska

(Residence in Baltimore: No. 507 S. Collington St.; 28 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... Unknown ..... (Month), ... (Day), 1841 (Year)

7-AGE, ... 75 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home.

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Unknow

11-BIRTHPLACE OF FATHER (State or Country), Unknow.

12-MAIDEN NAME OF MOTHER Unknow.

13-BIRTHPLACE OF MOTHER (State or Country), Unknow.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski

(Address) 705 S. Ann St.

15- MAY 1 - 1916

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April ..... (Month) ..... 29 ..... (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to April 29 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Bright's

..... (Duration) ..... yrs. Unknown mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. Unknown mos. ..... ds.

(Signed) M. Samoziski M. D.

April 29, 1916 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, May 2nd, 1916

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94706 C94706

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Foss

(Residence in Baltimore: No. 1528 Lightst. St.; 57 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 6 (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer Grocery
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John H. Foss.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Georgia Foss

(Address) 1530 Lightst.

15-

Filed MAY 1 - 1916, 191.....

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 26 1916, to May 1 1916, that I saw him alive on May 1 1916, and that death occurred, on the date stated above, at 10-9 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

May 1, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State 57 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 1528 Light St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem	5/2, 191.6
20-UNDERTAKER	ADDRESS
J. Fran McCully	39 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C94707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 C94707

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8162 N. Parrish ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Kent

(Residence in Baltimore: No. 8162 N. Parrish St.: Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	single

6-DATE OF BIRTH, Feb. (Month) 17 (Day) 1894 (Year)

7-AGE, 22 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Day labor

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Irish Kent

11-BIRTHPLACE OF FATHER (State or Country). Cockpit Ind.

12-MAIDEN NAME OF MOTHER Estelle Washington

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Estelle Washington

(Address) 816 N. Parrish St.

15- MAY 1 - 1916

Filed ..... 191.....

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 29 1916, to Apr. 29 1916, that I saw him alive on April 29 1916, and that death occurred, on the date stated above, at 8-55 A. m.

The CAUSE OF DEATH* was as follows:

Syphilitic Aneurism of Aorta

(Duration) about 6 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Chas. L. McCarthy M. D.

Apr. 30, 1916. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 3 191.6

20-UNDERTAKER John J. Conway & Son — ADDRESS 908 Hollins St.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94708 28 C94708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1700 W Fayette St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Joseph Campbell

(Residence in Baltimore: No. 1700 W Fayette St.; 32 yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 8, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 666
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John A Campbell

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lula E. Wingate

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lula E. Campbell

(Address) 1700 W. Fayette St.

15- MAY 1 - 1916

Filed.....1.....191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 1 1916, to April 30 1916, that I saw him alive on April 29 1916, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. O'Neill M. D.

May 1, 191.. (Address) 105 N. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, May 7, 191.

20-UNDERTAKER J. B. Cook ADDRESS 1003 West Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C91709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 17 C91709

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Bertha L. Smith

(Residence in Baltimore: No. Union Protestant Infirmary ..... yrs., ... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... unknown ....., 1853
(Month) (Day) (Year)

7-AGE. 63 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... H.W. .....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Sam. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Rebecca Pankhouse

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin C. Smith

(Address) Pittsburg Pa.

15- MAY 1 - 1916

Filed ....., 191.....

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 1 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1916, to May 1 1916, that I saw her alive on May 1 1916, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Anaemia, following Abdominal Hysterectomy

(b) Nothing Remembered

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Russell S. Carlton M. D.

May 1, 1916. (Address) U.P.I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 811 St James St Balt; Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pittsburg Pa	May 1, 1916
20-UNDERTAKER	ADDRESS
Jos R Cook	1003 W Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~694710~~ × 53 694710

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. W. Barber

(Residence in Baltimore: No. 28 days St.; —yrs., —mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October (Month) 14 (Day), 1855 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 6 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work..... Lawyer 16
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Richard W Barber

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- MAY 1 - 1916

Filed..... 191.....

Registrar.

Important. See instruction on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1916, to May 1 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lymphoblastic Leukaemia

..... (Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

A.C. Colitis (Duration) 4 yrs. 4 mos. 5 ds.

(Signed) John T. King Jr. M. D.

May 1, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 28 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Wilkesboro N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wilkesboro N. C.	May 2, 1916.
20-UNDERTAKER Geo W Little	ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C94711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94711

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colin McLean

(Residence in Baltimore: No. 1501 Eutaw Place St.; 5 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Eutaw ....., 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Nova Scotia

PARENTS.

10-NAME OF FATHER, Donald McLean

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Chisolm

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Colin McLean

(Address) 1501 Eutaw Place

15-

Filed MAY 1 - 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to April 29 1916, that I saw her alive on April 26 191-, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (Duration) 1 yrs. mos. da.

(Signed) J Theuerkauf Jr M. D.

May 1, 1916. (Address) 1040 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Calvary	May 2, 1916.
20-UNDERTAKER	ADDRESS
Wm Jenkins Sons Co	McCulloh & Madison

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C94712

79 C94712

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 953 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma A Brantstett

(Residence in Baltimore: No. 953 Columbia Ave St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 25, 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Horatio Tuttle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ann Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann H Tuttle

(Address) 953 Columbia Ave

15- Filed MAY 1 - 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to April 29 1916, that I saw h[illegible] alive on April 29 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

April 29, 1916 (Address) 607 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	May 2, 1916
20-UNDERTAKER William Cook	ADDRESS 502 North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94713

1-PLACE OF DEATH

80 C94713

REGISTERED No. C

CITY OF BALTIMORE (No. 3414 Auchentorly Terrace ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wagner.

(Residence in Baltimore: No. 3414 Auchentorly Terrace. St.; lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male.	white.	married

6-DATE OF BIRTH: June (Month) 27 (Day), 1876 (Year)

7-AGE: 39 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Contractor 715
(b) General nature of industry, business, or establishment in which employed (or employer): for buildings.

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Charles Wagner.

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary Ann McGrath

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wagner (mother) Jr.

(Address) 3414 Auchentorly Terrace.

15. MAY 1 - 1916

Filed ..... 191..

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 7.30 A.M., 1916, to April 30, 9.50 P.M., 1916, that I saw him alive on April 30, 9.45 A.M. 1916, and that death occurred, on the date stated above, at 9.50 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Myocarditis

2 Long duration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), David D. Market. M. D.

(Address) 3218 Auchentorly Terrace.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: May 3, 1916

20-UNDERTAKER: William Cook — ADDRESS: 1012 North Ave

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

C94714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 C94714

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3747 Morley St. 20 ST.; ..... WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Pearl Harding

(Residence in Baltimore: No. 3747 Morley St. St.; 1 yrs. 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 8, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thomas M. Swan Harding

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Mamie Snider

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Harding

(Address) 1210 E. Preston St

15- MAY 1 - 1916

Filed.....1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 1 1916, that I saw h.. alive on April 30 1916, and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:

Measles

..... (Duration).....yrs.....mos.....4.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Howard Jones M. D.

May 1, 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 7 mos.....ds. In the State 1 yrs. 3 mos. 21 ds.

Where was disease contracted, if not at place of death? 3747 Morley Street

Former or usual residence 1210 E Preston street

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 2, 1916
20-UNDERTAKER	ADDRESS
William Cook	502 E North Ave

Important. See instructions on back of certificate.

C94715

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C94715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 Presstman St ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Smith

(Residence in Baltimore: No. 508 Presstman St St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	married

6-DATE OF BIRTH ..... Oct Row (Month) ....., 1892 (Day) (Year)

7-AGE about 24 yrs ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE (State or country) ..... Maryland

PARENTS

10-NAME OF FATHER ..... Daniel Dorsey

11-BIRTHPLACE OF FATHER (State or country) ..... Md

12-MAIDEN NAME OF MOTHER ..... Ann Burke

13-BIRTHPLACE OF MOTHER (State or country) ..... Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ..... Mrs Louise Smith

(Address) ..... 508 Presstman St

Filed MAY 1 1916

REGISTRAR ..... Gorsuch

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... May (Month) 1st (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21st, 1916, to May 1st 1916, that I saw her alive on April 30th, 1916, and that death occurred, on the date stated above, at 1220 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Acute Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Gorsuch M. D.

May 1st, 1916. (Address) 117 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Centrall Md	May 2, 1916

20-UNDERTAKER Lannon & Wright ADDRESS 1364 Mary

N. B.-Every item of information should be carefully considered before answering, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C94716

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Booth St. ST.; 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Annie L. Stumpf

(Residence in Baltimore: No. 2207 Booth St.

St.; 5yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 8th (Day) 1857 (Year)

7-AGE, 58 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Daniel Schneider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Charlotte Hutt

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Stumpf

(Address) 2207 Booth St.

15-

Filed MAY 1 - 1916 191... ROBERT , KRAUTER, Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 11 1916, to April 30 1916, that I saw h.. alive on April 28th 1916, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer Norma of Stomach

Causal Diagnosis about

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 1 ds.

(Signed) E. L. Marx M. D.

F. L., 191 6 (Address) 827 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 3rd, 1916

20-UNDERTAKER E. Schlomann Son ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94717

CERTIFICATE OF DEATH.

28 C94717

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 North Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME P. Cooper Wyshame

(Residence if Baltimore: No. 1227 North Charles St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 23 (Day) 1875 (Year)

7-AGE, 40 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 977
(b) General nature of industry, business, or establishment in which employed (or employer)..... Banking House

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dr Wm Wyshamn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E. Williamson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fannie J. Wyshamn

(Address) 1227 N. Chas

15- Filed MAY 1 - 1916, 191.. ROBERT J. KRAUTH, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4 P.M. April 29 191.., to April 29 191.., that I saw him alive on " " 191.., and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Probably 2 years mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leigh H. Hartman M. D.

May 1, 191.. (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	May 2, 191..
20-UNDERTAKER William Cook	ADDRESS 502 E North Ave

Dr Hartman 1121 N. Caroline Street

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94718 C94718

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Orleans St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celestine Peterson

(Residence in Baltimore: No. 1725 Orleans St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) ..... 1874 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Washington D.C.

PARENTS.

10-NAME OF FATHER, Joseph Lee

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ella Elizabeth Stanford

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James C. Peterson

(Address) 1725 Orleans St

15- MAY 1 - 1916 Filed ....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1916, to Apr 29 1916, that I saw h[illegible] alive on Apr 29 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

..... Diabetes Mellitus .....

..... Acute Gastritis (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Pneumonia .....

..... Mitral Chg (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. Edward Dixon M. D.

May 1 1916 (Address) 1612 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem	May 2nd, 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

Spec.—8-24-14—M. & T.—3000 Bks.

C94719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 78 C94719

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Oliver.

(Residence in Baltimore: No. 877 Lemon St. St.; 16 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 1st, 1905 (Month) (Day) (Year)

7-AGE, 10 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. Frank Oliver

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER May Reynolds

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David M. Burrows

(Address) 877 Lemon St

15- Filed MAY 1 - 1916 ROBERT KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to April 29 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chorea Insanium

(Duration) yrs. 1 mos. 1 ds.

(Signed) Frank E Shipley M. D.

April 29th 1916 (Address) Md Gen Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 877 Lemon St

19-PLACE OF BURIAL, OR REMOVAL, Western Cem

DATE OF BURIAL, 5-2, 1916

20-UNDERTAKER Robt Brooks & Son

ADDRESS S. E. Cor Calhoun & Hollins

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

094720

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 094720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St. 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. O'Brien

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW OR DIVORCED (Write the word.) SINGLE

6-DATE OF BIRTH, July (Month) 14 (Day), 1915 (Year)

7-AGE, yrs. 9 mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincent Inf. Asylum

(Address) 1401 Division St.

15- MAY 2 - 1916 Filed, 191

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to April 30 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro enteritis

(Duration) yrs. mos. 13 ds.

(Signed) Charles O'Donnell M. D.

April 30, 1916. (Address) S. Ea. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State yrs. 9 mos. 16 ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 2 1915

20-UNDERTAKER Martin Bailey & Son ADDRESS, 606 Fayette Ave.

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94721

CERTIFICATE OF DEATH.

91 C94721

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Smith

(Residence in Baltimore: No. 511 N. Mount St.; whole life .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec. (Month) 10 (Day), 1910. (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 4 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Wm. H. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto. City.

12-MAIDEN NAME OF MOTHER Maggie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Smith

(Address) 511 N. Mount St.

15-

Filed MAY 2 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to Apr. 29 1916, that I saw her alive on Apr. 29 1916, and that death occurred, on the date stated above, at 12-30 p. m.

The CAUSE OF DEATH* was as follows:

Bronch-pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarthy M. D.

Apr. 29, 1916. (Address) 906 N. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	May 2, 1916
20-UNDERTAKER	ADDRESS
Wilbert Brown	306 N. Mount St

Important. See instructions on back of certificate.

Out of Town

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94722 — 92 C94722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S Amity St.; 18 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph T Boone

(Residence in Baltimore: No. 6 S Amity St.; 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Blk	Sing

6-DATE OF BIRTH, Unknown (Month) (Day) 1865 (Year)

7-AGE, 51 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): day work

9-BIRTHPLACE, (State or Country), Md (City)

PARENTS.

10-NAME OF FATHER, Jacob Boone

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Adaline Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adaline Tyler

(Address) 6 S Amity St

15- MAY 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apl 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 28 1916, to Apl 30 1916, that I saw h alive on Apl 29 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Tetra Pneumia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. 5 ds.

(Signed) W H Forwood M. D.

191... (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 2 1916.

20-UNDERTAKER Alfred J Freeland ADDRESS 214 N Schroeder

Important. See instructions on back of certificate.

C94723

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94723

CERTIFICATE OF DEATH.

71

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1069 Pine St ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona Johnson

(Residence in Baltimore: No. 1069 Pine St 1 St.: yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Sing

6-DATE OF BIRTH, ... June (Month) 16 (Day), 1914 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 1 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), America

PARENTS.

10-NAME OF FATHER, James Johnson

11-BIRTHPLACE OF FATHER (State or Country) America

12-MAIDEN NAME OF MOTHER Blanch Owens

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanch Johnson

(Address) 1069 Pine St

15- MAY 2 - 1916 1914 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH to print legibly. Every item must be given if possible. important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus, a condition
Inanition

..... (Duration).....yrs. 3 mos.....ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration).....yrs.....mos. 1 ds.

(Signed) James M Boulton M. D.
(Coroner.)

May 1, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 2 1916

20-UNDERTAKER Alfred J Freeland ADDRESS 114 N Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94724

CERTIFICATE OF DEATH.

28

C94724

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 South Ann ST.; 18 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ross

(Residence in Baltimore: No. 1041 South Ann St.; 53 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, Unknown (Month), 1863 (Day) (Year)

7-AGE, 53 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Schucker
(b) General nature of industry, business, or establishment in which employed (or employer): Factory No. 366

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Anna E. Ross.....

(Address)....1041 South Ann St.....

15- MAY 2 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

Important. See instructions on this side of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to April 29th 1916, that I saw h[illegible] alive on April 28th 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

.....

.....

1. Pulmonary Tuberculosis (Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis & Emphysema

..... (Duration) — yrs. 4 mos. — ds.

(Signed) Thomas F. Buchanan M. D.

May 1st, 191... (Address) 1337 N. Dutch St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn	May 4, 191 6
20-UNDERTAKER Hulbert Brown.	ADDRESS 306 N. Mount St.

C94725

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C94725

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 9 Penn St.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones

(Residence in Baltimore: No. 9 Penn St.: 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colour

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE: 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labour 763
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE (State or country): Md (City)

PARENTS

10-NAME OF FATHER: Samuel Jones

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Elizethbe Hrieldry

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Hildrey

(Address) Oriel St & Howard Ext

MAY 2 - 1916 Filed ....., 191 HARRY [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: April (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to April 30 1916, that I saw h— alive on April 29, 1916, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Heart Failure

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed) C. T. Flinn M. D.

April 3, 1916 (Address) 714 S Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Bioncentz — DATE OF BURIAL: May 2, 1916

20-UNDERTAKER: Geo H Hooper — ADDRESS: 609 Little Paca

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94726

CERTIFICATE OF DEATH.

10 C94726

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Glenolden Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavinia Leamann.

Residence in Baltimore: No. 616 Glenolden Ave. St.; 69 yrs., 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 18th, 1846
(Month) (Day) (Year)

7-AGE, 69 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Leamann

(Address) 616 Glenolden Ave

15- Filed MAY 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to April 30 1916, that I saw h.. alive on April 30 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) yrs. 3 mos. ds.

(Signed) J. McLennan M. D.

May 1, 191.. (Address) 424 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 3rd, 191.

20-UNDERTAKER Mr. & Mrs. John H. Deitzel — ADDRESS 801 W. Fayette St.

Important. See instructions on back of this certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 | C94727

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Lindin ave St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Eidson

(Residence in Baltimore: No. 905 Lindin ave St.; 10 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, 1847- ....., 1..... (Month) (Day) (Year)

7-AGE, 69 ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Eidson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Eidson

(Address) 905 Lindin ave

15-

Filed MAY 2 1916 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to April 30 1916, that I saw h.. alive on April 30th 1916, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. ....mos. ....ds.

(Signed) A. Lee Elliott M. D.

May 1, 1916 (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick City Md. DATE OF BURIAL, May 3, 1916.

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St.

Important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94728 C94728

CERTIFICATE OF DEATH.

34

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Alexander

(Residence in Baltimore: No. 1118 Etting St St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 16, 1875
(Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Club

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thornton Alexander

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

MAY 2 - 1916

Filed....., 191.... HARRY C. A. DEWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1916, to April 30 1916, that I saw h.m alive on April 30 1916, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Interstitis, Left Kidney

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) William H Grant M. D.

April 30, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 15 ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1113 Etting St.

19-PLACE OF BURIAL OR REMOVAL, Staunton Va. DATE OF BURIAL, May 3rd, 1916.

20-UNDERTAKER Geo. H. Holland ADDRESS 317 Robert St.

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94729

CERTIFICATE OF DEATH.

151 C94729

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1372 N. Carey ST.; 15 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneline C. Pitts

(Residence in Baltimore: No. 1372 N. Carey St.; .....yrs., ...mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Infant

6-DATE OF BIRTH, April 7, 1916. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George C. Pitts

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ada Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George C. Pitts
(Address) 1372 N. Carey St.

15- MAY 2 - 1916 HARRY C. ANDREWS
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to April 30 1916, that I saw h er alive on April 30 1916, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Pre. Mature Birth 1 hr

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Wm. H. Wragg Jr M. D.

May 1., 191.6 (Address) 1209 Bradshaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 2., 1916
20-UNDERTAKER James H Dunn	ADDRESS 823 Preston

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94730

CERTIFICATE OF DEATH.

13 C94730

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Mear (Wess)

(Residence in Baltimore: No. 1315 Mosher St.; 5 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1846 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER Thomas J. Mullen

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Mary Hughes

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry D. Wess

(Address) 1315 Mosher St

15-

MAY 2 1916 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 13 1916, to April 30 1916, that I saw h.r alive on April 30 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia inspetion

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Antipartum hemorrhage & vomiting nine days

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice P. Brennan, M. D.

....., 191... (Address) 548 N. Fenton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 1315 Maker St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dr Peters	May 3, 1916.
20-UNDERTAKER Daniel Easton	ADDRESS 916 Pa - ave

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94731

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94731

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of the Poor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad ~~Schaffer~~ Schafer

(Residence in Baltimore: No. Little Sisters of the Poor St.; 5 yrs., — mos. ~~— ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Apr. (Month) 5th (Day), 1848 (Year)

7-AGE, 68 yrs. — mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sabastien Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAY 2 - 1916 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to ....., 191....., that I saw h— alive on April 30 1916, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) 2 days yrs. mos. ds.

(Signed) F. H. D'Arcy M. D.

May 1, 1916 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. — mos. — ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, New Freedom Pa. DATE OF BURIAL, May 3rd, 1916.

20-UNDERTAKER Henry Hoeck Sons ADDRESS 1301 E Eager St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94732 64 C94732

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospt ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Gittere

(Residence in Baltimore: No. 130 S. Schroder St St.; 44 yrs., 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 14, 1871.
(Month) (Day) (Year)

7-AGE, 44 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... 328

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Gittere

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gittere

(Address) 130 S. Schroder st

15- Filed MAY 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1916, to May 1st 1916, that I saw him alive on May 1st 1916, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis & Hypertension

(Duration) yrs. ? mos. ? ds.

CONTRIBUTORY. Cerebral Haemorrhage

(Secondary) Hemiplegia (Duration) yrs. 1 mos. 20 ds.

(Signed) Frank E. Shipley M. D.

May 1st, 1916 (Address) Md Gen Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 21 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1305 Schroder St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 3, 1916.

20-UNDERTAKER John J. Fields — ADDRESS 1200 E Lombard st

Important. See instructions on back of Certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94733

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94733

CERTIFICATE OF DEATH.

186

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E Barney ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bunnie M. Homer

(Residence in Baltimore: No. 32 E Barney St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 15, 1911 (Month) (Day) 1 (Year)

7-AGE, 4 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry Homer

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Florence Ford

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Homer

(Address) 32 E Barney St

15- MAY 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to Apr 30 1916, that I saw h[illegible] alive on Apr. 29 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: 1

Pneumonia, Lobar

Respiratory Asthenia

(Duration) ....yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Traumatic neurosis right side from fall about (Wk ago) accident

(Duration) ....yrs. ....mos. 7 ds.

(Signed) J. F. Shephard M. D.

May 6, 191.6 (Address) 1 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	May 2, 191.6
20-UNDERTAKER	ADDRESS
Wm. J. C. Evans & Son	1478 N. Gilmor St.

Important. See instructions on back of certificate.

C94734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

103 C94734

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 226 East ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joshua Woods

(Residence in Baltimore: No. 226 East St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH Unknown, 1853 (Month) (Day) (Year)

7 AGE 33 yrs. mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer 263
(b) General nature of industry, business, or establishment in which employed (or employer) General

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Joshua Wood

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Wanda Delaney

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wife Mamie Wood

(Address) 226 East-St

15 Filed MAY 2 - 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 28, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to, April 28 1916, that I saw him alive on (, 1916, and that death occurred, on the date stated above, at 11 5 m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) Chronic Gastritis

(Duration) yrs. mos. ds.

(Signed) A. G. Gordon M. D.

April 28, 1916 (Address) 918 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	May 2 1916
20 UNDERTAKER Charles B Jones	ADDRESS 506 East-St

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94735

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 C94735

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Vertina Jones nee Waters

(Residence in Baltimore: No. 402 Pearl St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Unknown (Day) ..... 1897. (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eugene Waters

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mamie Vertina Washington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs. Mamie Waters

(Address).....402 Pearl St.

15- Filed MAY 2 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc. Dental Burns

Her clothing became ignited from

open fire

(Duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Savage M. D.
(Coroner.)

May 1st, 1916 (Address) 1729 Madison Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 16 ds. In the State.....yrs.....mos.....ds. Life

Where was disease contracted, if not at place of death?.....402 Pearl St.

Former or usual residence. 402 Pearl St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dove Allen's	May 3., 1916.
20-UNDERTAKER	ADDRESS
Charles B Jones	506 Roger St

CAUSE OF DEATH: Information is required by law and is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x28 C94736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Long

(Residence in Baltimore: No. University Hospital St.; .....yrs. .....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ..... (Month) Nov (Day) 20 (Year) 1886

7-AGE. 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Alexander Long

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Georgiana Price

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Long

(Address) Marion Sta. Md.

15- Filed MAY 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 2 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .....yrs. 8 mos. .....ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. Winslow, M. D.

5/2, 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 2 ds. In the State Life yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Marion - Md -

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Marion Sta. Md.	May 4, 191.6

20-UNDERTAKER	ADDRESS
Joseph L. Brooks	1003 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

C94737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C94737

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 W. Lexington ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Marsden

(Residence in Baltimore: No. 1815 W. Lexington St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 16, 1855 (Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Saml. M. Lusby

11-BIRTHPLACE OF FATHER (State or Country). Wash D.C.

12-MAIDEN NAME OF MOTHER Georgana Chamber

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Georgana Householder

(Address) 185 W. Lexington

15- Filed MAY 2 - 1916, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 1 1916, that I saw h.r alive on May 1 1916, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) S. M. Lampert M. D.

May 2, 1916 (Address) 826 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. May 4 1916

20-UNDERTAKER Wm J Dickey & Son ADDRESS North + Penn

Spec.—8-24-14—M. & T.—2000 Blks.

C94738

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C94738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Mosher St.; 16 WARD) REGISTERED NO. C.....

2-FULL NAME Mildred Evelyn Lockogey

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1502 Mosher St St.; 16 yrs. 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 12, 1899 (Month) (Day) (Year)

7-AGE, 16 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md City

PARENTS.

10-NAME OF FATHER, James F Lockogey

11-BIRTHPLACE OF FATHER (State or Country), Md City

12-MAIDEN NAME OF MOTHER Ida B Murray

13-BIRTHPLACE OF MOTHER (State or Country), Md City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas F Lockogey

(Address) 1502 Mosher

15- Filed MAY 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Dr Haley - 724 N Caroline

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27th 1916, to April 30 instant 1916, that I saw her alive on April 30th 1916, and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

From beginning of disease to death

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Haley M. D.

May 2, 1916. (Address) 724 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, May 3, 1916

20-UNDERTAKER H. Fulmer & Son — ADDRESS Hooper

C94739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 80

C94739

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced dead Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta B. Nael

(Residence in Baltimore: No. 218 Maryland Ave Westport Md. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR DIVORCED, (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH, August (Month) 31 (Day), 1863. (Year)

7-AGE,	If LESS than 1 day,
52 yrs. 7 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission 601
(b) General nature of industry, business, or establishment in which employed (or employer): merchant.

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Bernard Nael

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Amelia Timmons

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Nael

(Address) 218 Md Ave Westport Md

15- MAY 2 - 1916 HARRY C. ARMSTRONG

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Thos. P. Schamberger M. D.
(Coroner.)

May 2, 191.6 (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	May 3 1916.
20-UNDERTAKER Wm J. Tuckerman	ADDRESS North Penna

CAUSE OF DEATH must be filled in plainly. Items are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94740

CERTIFICATE OF DEATH.

120 C94740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Carey ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Leffets King.

Residence in Baltimore: No. 534 N. Carey St. (St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, January 26, 1865 (Month) (Day) (Year)

7-AGE: 51 yrs. 3 mos. 4 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, — Leffets

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Sarah Lake

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel King

(Address) 534 N. Carey St.

15- MAY 2 - 1916 Filed....., 191.... HARRY C. ANDREWS. Burial Permit Clerk

A. Heffernan Registrar.

Lafayette & Allendale

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1906, to April 30 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. McSherrnon M. D.

May 1, 1916 (Address) 1022 Mt. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, May 3, 191...

20-UNDERTAKER P. Dielman & Son | ADDRESS Norton

Spec.—8-19-15—M. & T.—500 lbs.

C94741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94741

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Scott St ST.; 21 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Haverstumpf

(Residence in Baltimore: No. 608 Scott St St.; 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, April (Month) 1 (Day), 1840 (Year)

7-AGE, 76 yrs. 0 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): 31

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Geidt

(Address) 608 Scott St

15- HARRY C. ANDREWS

Filed MAY 2 - 1916 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to April 30 1916, that I saw her alive on April 30 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. mos. ds.

(Signed) Edw Schaefer M. D.

5 1, 191... (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	5/3, 1916
20-UNDERTAKER	ADDRESS
J. Fenw McCully	39 E. Fort

Important. Use typewriter or pen and ink. Write plainly.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94742

CERTIFICATE OF DEATH.

37 C94742

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1763 Carlisle Pl. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Benson

(Residence in Baltimore: No. 1763 Carlisle Pl. St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) single

6-DATE OF BIRTH, May (Month) 1 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 8 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John Benson

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ida Brent.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. S. Tucker, M.D.

(Address) J. Hops Hospital

15-

Filed MAY 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 1 1916, that I saw him alive on May 1 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Thomas Jr M. D.

May 2, 1916. (Address) J. Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury C

DATE OF BURIAL, May 2nd, 1916

20-UNDERTAKER Wm J. G. Jackson

ADDRESS 1409 Mulberry St

Spec.—8-24-14—M. & T.—2000 Blks.

C94743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94743

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Columbia Ave. St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Citrano

(Residence in Baltimore: No. 518 Columbia Ave St.; 1 yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 16 (Day), 1914 (Year)

7-AGE, 1 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dominick Citrano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Semerano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominick Citrano

(Address) 518 Columbia Ave

15- MAY 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) – 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-1-1916, to 5-1-1916, that I saw h.er alive on 5-1-1916, and that death occurred, on the date stated above, at 4 45 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Lobar pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) J. J. Dennis M. D.

5-1-, 1916 (Address) 16 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem

DATE OF BURIAL, May 2, 1916

20-UNDERTAKER Jos Jeardeau Son

ADDRESS 217 S. Pine

Indictable. See instructions on back of this sheet.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94744 C94744

CERTIFICATE OF DEATH.

5 - 120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 Forrest St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgianna Richardson

(Residence in Baltimore: No. 316 Forrest St.; 37 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ~~August~~ April 19, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Joseph Williams

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Loretta Johnson

(Address) 316 Forrest St.

15- MAY 2 - 1916 HARRY C. ...

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1916, to Apr 29 1916, that I saw h[illegible] alive on Apr 28 1916, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

and General Dropsy

(Duration) ..... yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Lennox M. D.

Apr 30, 1916 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion cemetery

DATE OF BURIAL, May 2, 1916.

20-UNDERTAKER R C Gross

ADDRESS 1405 McElderry St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C91745

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 412 W. Hamburg ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew S. Stutter

(Residence in Baltimore: No. 412 W. Hamburg St St.; yrs. 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	colored	married

6-DATE OF BIRTH: Unknown (Month) ..... (Day) 1 (Year)

7-AGE: 28 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Gr

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Davies Stutter

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Taylor

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Jones

(Address) 113 W West St

MAY 2 - 1916

MAY 2 - 1916

HARRY C. ADLER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Apr. (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1916, to, Apr 30 1916, that I saw him alive on Apr 27 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 5 mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Smith M. D.

May 1, 1916. [Address] 90 Eight St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 3 1916

20-UNDERTAKER: R. C. Gross — ADDRESS: 1405 McElderry St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94746

CERTIFICATE OF DEATH.

151 C94746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Heb. Hosp. St.; 7 WARD)

2-FULL NAME Bailey Richards

(Residence in Baltimore: No. Hebrew Hosp. St.; ..... yrs. 1 hour mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C.....

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. May 1, 1916
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ..hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Gustav Richards

11-BIRTHPLACE OF FATHER (State or Country), Australia

12-MAIDEN NAME OF MOTHER Bessie Vonko

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustav Richards

(Address) 1208 Eutaw

15- MAY 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
(Date) ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 1 1916, that I saw him alive on May 1 1916, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Toxemia of eclampsia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. W. Crantz M. D.

May 2, 1916 (Address) Heb. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill	May 2., 1916.
20-UNDERTAKER	**ADDRESS**
Paul L Crackston	1716 Eutaw

4

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94747 — CERTIFICATE OF DEATH. — C94747

8 — 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Saunders

Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 4 (Month) 23 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 5 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Harry Saunders

11-BIRTHPLACE OF FATHER (State or Country) S. Carolina

12-MAIDEN NAME OF MOTHER Nora Jones

13-BIRTHPLACE OF MOTHER (State or Country) S. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15 Filed MAY 2 - 1916, 191.... ROBERT J. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-23 1916, to 4-28 1916, that I saw him alive on 4-28 1916, and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Atelectasis

..... (Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. 0 mos. 0 ds.

(Signed) Charles E. Dana M. D.

4-28 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, APR 29 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

STATE OF MARYLAND

FOR ANATOMICAL PURPOSES

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94748 CERTIFICATE OF DEATH. x37 C94748

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Scovens.

(Residence in Baltimore: No. Towson, Md St.; ....yrs.,....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, April 29, 1916. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 0 da.	1 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Scovens

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Scovens.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. S. Tucker, Md.

(Address) J. N. Hospital.

15- Filed MAY 2 - 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to April 29 1916, that I saw h[illegible] alive on April 29 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

.....

..... (Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) [illegible] M. D.

May 1., 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSP	May 1 1916
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR ANATOMICAL PURP[illegible]

C94749

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 C94749

REGISTERED No. C .....

1-PLACE OF DEATH

(a) CITY OF BALTIMORE (No. 814 Leadenhall St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Crowley

(b) Residence in Baltimore: No. 814 Leadenhall. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct 31 1913
(Month) (Day) (Year)

7-AGE: 2 yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Crowley

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Emma Harris

13-BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Crowley

(Address) 2 N. Front St.

15 MAY 2 - 1916 BORDLEY, KRAUTER, Burial Permit Clerk

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 2nd, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 5 1916, to May 2nd 1916, that I saw h er alive on May 1st 1916, and that death occurred, on the date stated above, at 5 - Mm.

The CAUSE OF DEATH* was as follows:

Whooping cough

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY) Broncho pneumonia

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Bruce N Bruce M. D.

May 2nd 1916. (Address) 1223 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: md auburn — DATE OF BURIAL: May 2 1916

20-UNDERTAKER: F. L. Brown — ADDRESS: 108 Monte St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94750

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Cumberland St. 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Douglas Deiter

(Residence in Baltimore: No. 715 Cumberland St. St.; 1 yrs. mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	Col'd	Single

6-DATE OF BIRTH, April 26, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto ma.

PARENTS.

10-NAME OF FATHER, John. Deeden

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Deeden

(Address) 715 Cumberland St

15- Filed MAY 2 - 1916, 191.... ROBERT KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-29 1916, to 5-1 1916, that I saw her alive on 4-29 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) yrs. 1 mos. ds.

(Signed) Murphy W. Willis M. D.

5-2, 1916 (Address) 910 Lemmon St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 2, 1916
20-UNDERTAKER	ADDRESS
Jno H. Rose Son	Woodlawn

Spec—8 21 14—M & T—3000 lots

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C91751

CERTIFICATE OF DEATH.

78 C91751

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mitchell Cooney

(Residence in Baltimore: No. 510 S Collington ave; 40 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Single

6-DATE OF BIRTH, June 10, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Coleman Cooney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Scanlon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Donoughue

(Address) 1828 N. Rutland Ave

15. Filed MAY 2 - 1916, 191.... CORBETT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 29 1916, to May 1 1916, that I saw him alive on Apr 30 1916, and that death occurred, on the date stated above, at 8.30a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Ac Myocarditis

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Grant W. Rieger M. D.

May 1., 1916 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and, (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 510 S Collington Ave

Former or usual residence 510 S Collington Ave.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 3., 1916.

20-UNDERTAKER John J. Coward — ADDRESS 120 Hollins St

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94752 — 17 C94752

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 w Lombard St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. E. Eyler.

(Residence in Baltimore: No. 843 W Lombard. St.; X yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, May 2 (Month) (Day), 1840 (Year)

7-AGE, 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS:

10-NAME OF FATHER, John David Eyler

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William D. Lee

(Address) 843 W. Lombard St

15- MAY 2 - 1916 Filed....., 191.... ROBERT . KRAUT[illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from post 8 years 191..., to May 1st 1916, that I saw her alive on May 1st 1916, and that death occurred, on the date stated above, at 12.30 pm.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia & Bronchitis Chronic

(Duration) yrs. mos. 1 ds.

(Signed) Albert L. Levy M. D.

5/2/16, 191... (Address) 1202 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem Frederick Co Md

DATE OF BURIAL, May 3, 1916

20-UNDERTAKER John J Cowan

ADDRESS 909 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94753

CERTIFICATE OF DEATH.

28 C94753

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2949 Cedar Ave St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pleasant L. May.

(Residence in Baltimore: No. 2949 Cedar Ave. St.; unknown yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 29, 1862
(Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Contract work

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Adam May.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Hettie Whitsell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida S. May

(Address) 2949 Cedar Ave

15- MAY 2 - 1916 ROBERT . KRAUTER
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 1 1916, that I saw him alive on May 1 1916, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Acute. (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Widenhorn M. D.

May 2, 1916 (Address) 343 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hamb'd. | DATE OF BURIAL, May 3, 1916.

20-UNDERTAKER Emmert & Son | ADDRESS 3617 Chestnut Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94754

CERTIFICATE OF DEATH.

91 C94754

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2016 W 39 ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet L. Young

(Residence in Baltimore: No. 2016 W. 39 St.; .....yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... Jan (Month) 17 (Day), 1916 (Year)

7-AGE, ...yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), East City

PARENTS.

10-NAME OF FATHER, John Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Penelope B. Bawbly

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Young

(Address)..... 3701 Roland Ave

15-MAY 2 - 1916 ROBERT . KRAUTER, Registrar.

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to May 1 1916, that I saw h[illegible] alive on May 1, 1916, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

.....
Broncho Pneumonia
.....
..... (Duration) .....yrs. .....mos. 11 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) C. J. Youngblood M. D.

5-2, 1916. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Chestnut Ridge Balto Co	May 3, 1916
20-UNDERTAKER	ADDRESS
Chenoweth Son	Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94755 X 134 C94755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Dorton

(Residence in Baltimore: No. Mercy Hospital St.; .....yrs., ...mos. 2 1/2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED,
Female	White	Unmarried

6-DATE OF BIRTH, Sept. 27, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Dorsid

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Terry

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St.

15- MAY 2 - 1916 ROBERT . KRAUTER,
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, that I attended deceased from Apr 30 1916, to May 2 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Cystic Ectasia (Ruptured Sac)

(Duration) .....yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 3 yrs. 6 mos. 1 ds.

(Signed) Edward Smith M. D.

May 2, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 3 1/2 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? Curtis Bay Md.

Former or usual residence Curtis Bay Md.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, May 4, 1916

20-UNDERTAKER J. F. M. L. Flynn — ADDRESS 1452 Light St

Spec.—5-19-13—M. & T.—500 Blks.

C94756

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94756

CERTIFICATE OF DEATH.

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Archer ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nanny Bailey

(Residence ~~in Baltimore~~: No. 617 Archer ... St. ... yrs. ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1881 (Year)

7-AGE, 34 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer): 366

9-BIRTHPLACE, (State or Country), Oxford. Md.

PARENTS.

10-NAME OF FATHER, Samuel Bailey.

11-BIRTHPLACE OF FATHER (State or Country), Oxford Md.

12-MAIDEN NAME OF MOTHER E. M. Mills

13-BIRTHPLACE OF MOTHER (State or Country), Oxford Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes R. Rhodes

(Address) 617 Archer St.

15 MAY 3 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1916, to May 1 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) ... yrs. 2 mos. ... ds.

(Signed) John G. Falkenbach M. D.

May 2, 1916 (Address) 1120 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 2 yrs. Lifetime mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Oxford Md

19-PLACE OF BURIAL, OR REMOVAL, Oxford Md — DATE OF BURIAL, May 3, 1916

20-UNDERTAKER A. L. Brown & Son — ADDRESS 138 W. Monument

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94757 C94757

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 W. Lombard ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Stein

(Residence in Baltimore: No. 1120 W. Lombard St.; 55 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Sept 17 (Month), ... (Day), 1835 (Year)

7-AGE, 80 yrs. 7 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Flourdealer.
(b) General nature of industry, business, or establishment in which employed (or employer): —. 67

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Stein

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Miller.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M. Stein

(Address) 1120 W. Lombard St

15-Filed MAY 3 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1913, to May 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy a.m. of [illegible]

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cystitis [illegible]

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) J. M. [illegible] M. D.

May 3., 1916. (Address) 826 W. Barre St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Lutheran Cemetery — DATE OF BURIAL, May 5., 1916

20-UNDERTAKER Mrs. A. Rohde's Son — ADDRESS 730 Paca

Important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94758 — 92 C94758

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1831 Madison Ave St. 7 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shatel Schwartz

(Residence in Baltimore: No. 1831 Madison Ave St.: 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unkown (Month), (Day), 1851 (Year)

7-AGE: 65 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Hyman Seratzky

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unkown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- Filed MAY 3 - 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1916 to May 2 1916 that I saw h[illegible] alive on May 2, 1916 and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel Wolman M. D.

May 2, 1916 (Address) 2407 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Hebrew Rem — DATE OF BURIAL: 5/3, 1916

20-UNDERTAKER: Jack Lewis — ADDRESS: E Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94759

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94759

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Linwood Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Missel

(Residence in Baltimore: No. 125 N. Linwood Ave St.; 45 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan. (Month) ..... 27 (Day), 1849 (Year)

7-AGE, 67 yrs. 3 mos. 4 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Moulder
(b) General nature of industry, business, or establishment in which employed (or employer)..... Iron. 3rd

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm. H. Missel

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Fredericka Rocas.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hildegard Missel

(Address) 125 N. Linwood Ave

15- Filed MAY 3 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 2 - 1916, to May 1st 1916, that I saw him alive on May 1st 1916, and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

.....

Bronchial Catarrh

..... (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William H. Johnson M. D.

May 2, 191 6 (Address) 201 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt. Carmel	May 5, 1916
20-UNDERTAKER Zinkler + Zinkler	ADDRESS 1734 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94760 C94760

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 E. Madison ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C. Clark

(Residence in Baltimore: No. 2828 E. Madison St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 25, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. 4 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Molder
(b) General nature of industry, business, or establishment in which employed (or employer): 323

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles B. Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Emma J. Cook

13-BIRTHPLACE OF MOTHER (State or Country), Washington, D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James R. Clark

(Address) Govane

15-

Filed MAY 3 - 1916, 191.. HARRY C. ARCHER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to Apr 30" 1916, that I saw h... alive on Apr 30" 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 8 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) .... yrs. .... mos. 5 ds.

(Signed) Margaret Robertson M. D.

May 1, 191.. (Address) 2129 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 3, 191.6
20-UNDERTAKER Firkler Firkler	ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

C94761

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94761

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N. Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Broadfoot

(Residence in Baltimore: No. 1019 N. Washington St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Dec. 17, 1856 (Month) (Day) (Year)

7-AGE: 59 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto., Md.

PARENTS.

10-NAME OF FATHER: Andrew Abendshein

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Margaret Wallenwein

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Alexander Fritch

(Address): 1019 N. Washington St.

15- Filed MAY 3 - 1916, 191... HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1915, to May 2 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 12 35 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ...yrs. ...mos. 8 hrs ...ds.

CONTRIBUTORY (Secondary) Chronic valvular heart

Cirrhosis (Duration) 3 yrs. ...mos. ...ds.

(Signed) Robert J. Green M. D.

May 2, 1916. (Address) 1120½ Argyle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Schwartze Cem. DATE OF BURIAL: May 5, 1916

20-UNDERTAKER: Fiedler & Fiedler ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 lbs.

C94762 HEALTH DEPARTMENT—CITY OF BALTIMORE C94762

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 South Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Pinkney

(Residence in Baltimore: No. 245 South Dallas St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, April (Month) 29 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 12 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, James Pinkney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ella Herbert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Murray M. D.

(Address) Johns Hopkins Hospital

15- MAY 3 - 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to April 29 1916, that I saw her alive on April 29 1916, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity 9 months
(3 births) Foetus

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Congenital Syphilis ?

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) John G. Murray M. D.

April 29 1916. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	MAY 2 - 1916, 191...
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94763 C94763

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thurlow Bailey

(Residence in Baltimore: No. 511 N. Luzerne St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ..., 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 463

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAY 3 - 1916 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to May 1 1916, that I saw h m alive on May 1 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardiate - Toxemia

(Duration) yrs. mos. 2 ds.

(Signed) O. V. Emmert M. D.

May 1, 191 6 (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 511 N Luzerne St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

C94764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92 C94764

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wiesberger

(Residence in Baltimore: No. Mercy Hospital St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Apr. 3, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 0 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day Work

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, William Wittberger

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Margaret Bond

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jacob Wiesberger

(Address)..... Catonsville Md

15- MAY 3 - 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 27 191..., to Apr 29 191..., that I saw h.. alive on Apr. 29 191..., and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 2 ds. 5

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) Elliott Smith M. D.

Apr 29, 191... (Address) Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 18 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Curtis Bay Md.

Former or usual residence Curtis Bay Md.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, MAY 2 - 1916, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

UNIVERSITY OF MARYLAND
FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94765

CERTIFICATE OF DEATH.

132

C94765

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Old Gent. Home ST.; 11 WARD)

REGISTERED NO. C

2-FULL NAME Minnie Lindsay

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1110 Druid Hill Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 31 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles B. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maria Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Maria Morgan

(Address). 306 20 St

15- MAY 3 - 1916 Filed....., 191.....

HARRY C. ADLER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 12 1916., to May 1 1916., that I saw h[illegible] alive on May 1 1916., and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

Duration yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) C. W. Silver M. D.

May 1, 1916 (Address) Old Gent Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1110 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 4, 1916.

20-UNDERTAKER Mrs Robert A Elliott

ADDRESS 506 Rogers St

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94766 C94766

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson Snowden

(Residence in Baltimore: No. 159 Colvin St. St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 16 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Boot Black
(b) General nature of industry, business, or establishment in which employed (or employer) 813

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, John H Snowden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Sandsford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Sandsford

(Address) 159 Colvin St

15- MAY 3 - 1916 Filed ....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1916, to May 1 1916, that I saw him alive on May 1 1916, and that death occurred, on the date stated above, at 12.59 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Leach M. D.

May 1, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 159 Colvin St

Former or usual residence 159 Colvin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodberry Cemetery	May 4, 1916

20-UNDERTAKER Mrs Robert A Elliott ADDRESS 506 Rogers

C94767

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94767

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 303 Myrtle Ave. St.: 4 WARD) 1350 REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm Pulley

(Residence in Baltimore: No. 303 Myrtle Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 1, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 15 hrs ~~dys.~~

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm A. Pulley.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Nellie S Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Norley

(Address) 609 Lowell St

15- HARRY C. ANDREWS HARRY C. ANDREWS

Filed MAY 3 - 1916

Burial Permit Clerk Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ~~Inquest, autopsy or~~ Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Contributory
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert A. Driscoll M. D.
(Coroner.)
May 2, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, M P Allums & Co — DATE OF BURIAL, May 4, 1916

20-UNDERTAKER Geo H Norley — ADDRESS 609 Lowell St

Directions for filling out this certificate are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94768 × 120 C94768

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospt. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. J. Lockerman

(Residence in Baltimore; No. Md Genl Hospital St.: ..... yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1845 (Year)

7-AGE, 70 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Worcester Maryland

PARENTS.

10-NAME OF FATHER, John Lockerman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Lockerman

(Address) St. Helena Md

Filed MAY 3 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 24 1916, to May 2nd 1916, that I saw him alive on May 2nd 1916, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene Foot
Diabetes
(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (Duration) ? yrs. ? mos. ? ds.

(Signed) Frank E. Shipley M. D.

May 2nd, 1916 (Address) Md. Gen. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 8 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2.

Former or usual residence St. Helena, Md.

19-PLACE OF BURIAL OR REMOVAL, Magothy M. E. Ch. DATE OF BURIAL, MAY 3 -, 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS, 715 Eight

Important. See instructions on back of certificate.

C94769 Kalupa

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C94769

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2027 Ridgewood Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henrietta Kalupa

(Residence in Baltimore: No. 2027 Ridgewood Ave St.; 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH Dont no ....., 1848
(Month) (Day) (Year)

7 AGE 68 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9 BIRTHPLACE (State or country) Germany.

PARENTS

10 NAME OF FATHER Dont no

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont no

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Hausman

(Address) 2027 Ridgewood ave

15 Filed MAY 3 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 2, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26/15, 191..., to, May 2 1916, that I saw h-r alive on May 1. 1916, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed), Chas A Fiethaff M. D.

....., 191... (Address) 1807 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	May 4, 1916

20 UNDERTAKER	ADDRESS
Wm Cook	502 E North ave

If you state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94770

CERTIFICATE OF DEATH.

74 C94770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallye Ware

(Residence in Baltimore: No. 449 E. 25th St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 11, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Wm. Ware

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Ridgely

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. S. Smith

(Address) Johns Hopkins Hospital

15.

MAY 3 1916 191.. HARRY F. ANDREWS Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17* I HEREBY CERTIFY, That I attended deceased from April 24 1916, to May 2 1916, that I saw her alive on May 2 1916, and that death occurred, on the date stated above, at 9 30 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation

(Duration) yrs. 0 mos. 1 ds.

(Signed) A. S. Smith M. D.

May 3, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 449 E. 25th St

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, May 5, 1916.

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. Madison

Spec.—8-24-14—M. & T.—2000 Blks.

C94771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 C94771

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.) 4 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Sullivan

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, about yrs. 3 mos. 15 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None .....

9-BIRTHPLACE, (State or Country), Maryland (Balto)

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St

15-

Filed MAY 3 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr 30 ....., 191..
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mar 30 1916, to Apr 30 1916, that I saw her alive on Apr 30 1916, and that death occurred, on the date stated above, at 9.04 m.

The CAUSE OF DEATH* was as follows:

..... a .....
Pulmonary Decomposition
.....
..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Measles
..... (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Howard A. Kelly M. D.
Apr 30, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence Mercy Hospital

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery | DATE OF BURIAL, May 3 1916.

20-UNDERTAKER George A. Tooley | ADDRESS Fulton & Lombard

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94772 C94772

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1428 Argyle Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret K Wittenauer

(Residence in Baltimore: No. 1428 Argyle Ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Unknown ....., 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md Balto City

PARENTS.

10-NAME OF FATHER Antonine Wittenauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Groff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Wittenauer

(Address) 1428 Argyle Ave

15 MAY 3 - 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Robinson Registrar.

141 E North Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 1 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. Robinson M. D.

May 2, 1916 (Address) 141 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	May 4, 191.
20-UNDERTAKER	ADDRESS
M Fahey & Son	606 Lafayette Ave

Important.—See instructions on back of envelope.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94773 C94773

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Bell

(Residence in Baltimore: No. 526 Central Ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.): Widowed

6-DATE OF BIRTH: Unknown, 1881
(Month) (Day) (Year)

7-AGE: 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Servant
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Thomas Gray

11-BIRTHPLACE OF FATHER (State or Country): Balto Co

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Henry Bell

(Address): 536 Central Ave

15- MAY 3 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 191 6, to May 1 191 6
that I saw h e alive on May 1 191 6
and that death occurred, on the date stated above, at 5.45 p.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. mos. 1 ds.

(Signed) Howard V. Lemmon M. D.

May 1, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos 4 ds. In the State Dover Kent yrs. mos. ds.

Where was disease contracted, if not at place of death? 536 Central Ave

Former or usual residence 536 Central Ave

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, May 4, 1916.

20-UNDERTAKER James H Dennis — ADDRESS 1307 Bank

Spec.—9-24-14—M. & T.—2000 Blks.

C94774 HEALTH DEPARTMENT—CITY OF BALTIMORE C94774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 19 117 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche L Dunn.

(Residence in Baltimore: No. 403 N. Gilmor St.; 6 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 24, 1885 (Month) (Day) (Year)

7-AGE: 30 yrs. 10 mos. 6 ds.

If LESS than 1 day, 0 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

9-BIRTHPLACE, (State or Country): Philadelphia Pa

PARENTS.

10-NAME OF FATHER: John Dunn

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Charlotte Brantley

13-BIRTHPLACE OF MOTHER (State or Country): New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mary Dunn

(Address): 403 Gilmor St

15- Filed MAY 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 4 (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 3-3 1916, to 4-30 1916, that I saw her alive on 4-30 1916, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

acute Streptococcic

acute Mastoiditis R. S. Lobe

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) 9 yrs. 8 mos. 0 ds.

(Signed) Chas. E. Nima M. D.

4-30, 1916. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death? 403 N Gilmor st

Former or usual residence 403 N Gilmor st

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 3, 1916.

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94775

CERTIFICATE OF DEATH.

91 C94775

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Brighton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi Lee Clayton

(Residence in Baltimore: No. 3208 Brighton St.; .....yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February 18, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or.....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Lyal H Clayton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dorothy Pullman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lyal H Clayton

(Address) 3208 Brighton St

MAY 3 - 1916 (HARRY C. ...)

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 1 1916, that I saw her alive on May 1 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Hollander M. D.

May 3, 1916. (Address) 330 E 61st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem	May 3, 1916.
20-UNDERTAKER	ADDRESS
J Herring & Co	2008 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94776 C94776

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ermer

(Residence in Baltimore: No. 626 S. Port St St.; ....yrs. 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. September 8, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, Wm. Ermer

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Ethel Krueger

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15-MAY 3 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 2 1916, that I saw him alive on May 2 1916, and that death occurred, on the date stated above, at 4.10 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia — Bronchial

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

May 2, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 626 S. Port St

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus — DATE OF BURIAL, May 4, 1916

20-UNDERTAKER W. F. Fiaskowski — ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

C94777

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94777

109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 E Hoffman ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dolan

(Residence in Baltimore: No. 801 E Hoffman St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 29, 1850 (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
66 yrs. — mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dowd

(Address) 801 E. Hoffman

15-

Filed MAY 3 - 1916 HARRY C. AEDLEWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1916, to May 1 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Strangulated umbilical hernia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr Bernard Weiss M. D.

5/7, 1916 (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	May 4, 1916.
20-UNDERTAKER	ADDRESS
J. C. Wedefeld	914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C94778

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94778

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sinnott

(Residence in Baltimore: No. 111 Valley St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 10, 1849 (Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Sinnott

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliz. Sinnott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Williams

(Address) 1116 Monument Ave

15- Filed MAY 3 - 1916, HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 25 1916, to May 1 1916, that I saw her alive on May 1 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Don't know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Anaemia

about (Duration) ....yrs. ....mos. 15 ds.

(Signed) Edward O. Smith M. D.

May 1st, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State Don't know yrs. mos. ds.

Where was disease contracted, if not at place of death? 111 Valley St.

Former or usual residence 111 Valley St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	May 4, 1916.
20-UNDERTAKER	ADDRESS
N. C. Wiedefeld	314 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94779

CERTIFICATE OF DEATH.

30 C94779

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Cummings

(Residence in Baltimore: No. 2628 Frisby St St.; ....yrs., 11 mos. ....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 10, 1915
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Cummings

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Myrtle Miller

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15 MAY 3 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 2 1916, that I saw h.. alive on May 2 1916, and that death occurred, on the date stated above, at 5.10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

May 3, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2628 Frisby St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Samuel.	May 5, 1916
20-UNDERTAKER	ADDRESS
Wm. M. Gaulter	1624 N Royal Ave.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94780 81 C94780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229-E-25th St. WARD 17)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Walter Merritt

(Residence in Baltimore: No. 229-E-25th St.)

St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Mar. (Month) 21 (Day), 1841 (Year)

7-AGE, 75 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 613
(b) General nature of industry, business, or establishment in which employed (or employer)..... Traveling Salesman

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac W. Merritt

(Address) 514 Caldwell St.

15- Filed MAY 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to May 2 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 11:10 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis + Dilated Heart X

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. 1 ds.

(Signed) J. M. Hastings M. D.

May 3rd 1916. (Address) 127 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn. DATE OF BURIAL, May 4, 1916

20-UNDERTAKER W. M. Faulkner ADDRESS 1624 Mt Pleasant Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C94781 HEALTH DEPARTMENT—CITY OF BALTIMORE C94781

66

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Ostend St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bradford S. McNeil

(Residence in Baltimore: No. 115 W. Ostend St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 19th (Day), 1846 (Year)

7-AGE, 69 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer (Locomotive)
(b) General nature of industry, business, or establishment in which employed (or employer)..... B+O R.R. 539

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Isaac McNeil

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Charlotta (Unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia R.E. McNeil

(Address) 115 W Ostend st

15-

Filed MAY 3 1916

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1915, to May 2 1916, that I saw h— alive on May 1 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) 6 yrs. 8 mos. ..... ds.

(Signed) T. Wm Hunt M. D.

May 2, 1916 (Address) 1228 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 5th, 1916

20-UNDERTAKER George Schulting & Sons

ADDRESS 1126 E Monument

C94782

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94782

155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Meyer

(Residence in Baltimore: No. 621 N. Wolfe St.)

A

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 17 (Day), 1899 (Year)

7-AGE 17 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer): 562

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Herman Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotte Steffenth

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Meyer

(Address) 621 N. Wolfe St.

15- Filed MAY 3 - 1916, 191..... HARRY C. ANDREWS Registrar
Burial Permit Clerk

Please read carefully and see that all items are correctly and completely answered. Every question is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 30th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoning by Mercury, person taken with Suicidal intent

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) Wm. M. Farnandis M. D. (Coroner.)

May 1st, 1916 (Address) 1729 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted if not at place of death? Probably on West Lombard St.

Former or usual residence 621 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, May 3rd, 1916

20-UNDERTAKER Randall Lippelt & Son — ADDRESS 32 S. Carey St.

Spec.—8-24-14—M. & T.—2000 Bks.

C94783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C94783

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Leidel

(Residence in Baltimore: No. 1522 Ashland St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Harry Leidel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Katie Lowmsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Murray Jr. M.D.

(Address).....

15- Filed MAY 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to May 3 1916, that I saw h[illegible] alive on May 3 1916, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity (9 months labor)

(Duration)....yrs....mos....ds.

(Signed) John G Murray Jr. M. D.

May 3, 1916 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos. 1/ ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 15 N Ashland

19-PLACE OF BURIAL OR REMOVAL, Hebrew Workmen Circle — DATE OF BURIAL, May 3, 1916.

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94784 C94784

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 Presstman ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane A. Dickerson

(Residence in Baltimore: No. 553 Presstman St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 1st, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), (City) Herman Dickerson Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Jane Coates Md

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Dickerson

(Address) 553 Presstman St

15- Filed MAY 3 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/1 1916, to 5/3 1916, that I saw h[illegible] alive on 5/2 1916, and that death occurred, on the date stated above, at 3 20/24 m.

The CAUSE OF DEATH* was as follows:

General Debility
and Enuma-
(7 Months child)

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Enumeration

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bruce R Lentz M. D.

5/3, 191.. (Address) 2134 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 3, 1916

20-UNDERTAKER George H. Holland — ADDRESS 874 Robert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94785

CERTIFICATE OF DEATH.

168 C94785

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 908 Gaswch, ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Agnes Shea.

(Residence in Baltimore: No. 908 Gaswch av. St.; yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, ~~WIDOWED,~~ ~~OR DIVORCED,~~ (*Write* the word.)
Female	white	Single.

6-DATE OF BIRTH, Oct. 11, 1915
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 6 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, James Shea.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Mamie Ellard

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Ellard.

(Address) 908 Gaswch av.

15- Filed MAY 3 - 1916 191... ROBERT . KRAUTH, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
I find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation (Accidental)

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Smothered in bed covering in which she rolled

(Duration) yrs. mos. ds.

(Signed) Ross Foster M. D.
(Coroner.)

May 3 1916 (Address) 1624 North East Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Cem.	May 4 1916
20-UNDERTAKER	ADDRESS
W. H. Crawthorn	1624 North Royal Ave

CAUSE OF DEATH to be plainly written, so that it may be properly coded. All items important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94786

143

CERTIFICATE OF DEATH.

C94786

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME A. Alberta Bang

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ...yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, October (Month) 31 (Day), 1915 (Year)

7-AGE, ...yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John A. Bang

11-BIRTHPLACE OF FATHER (State or Country), Balto city.

12-MAIDEN NAME OF MOTHER Elizabeth Berkhage

13-BIRTHPLACE OF MOTHER (State or Country), Balto city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Bang

(Address) 29.13 Mt Elderg St

15-MAY 3 - 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to May 2 1916, that I saw her alive on May 2 1916, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition and
Mal assimilation

(Duration)...yrs. 2 mos....ds.

CONTRIBUTORY (Secondary) Furunculosis

(Duration)...yrs. 1 mos....ds.

(Signed) Charles O'Donovan M. D.

May 3..., 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. 5 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	May 4, 1916
20-UNDERTAKER Lilly & Zile	ADDRESS 403 S Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94787

CERTIFICATE OF DEATH.

79 C94787

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Central Ave. ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Schmidt

(Residence in Baltimore: No. 1119 N. Central Ave St.; 77 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 28, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House duties
(b) General nature of Industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Jaekel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Jaekel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Schmidt

(Address) 1119 N. Central Ave.

15- Filed MAY 3 - 1916, 191... NORMAN . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 3 1916, that I saw her alive on May 2 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(Duration) ... yrs. 5 ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) W. H. Hammon M. D.

May 9, 1916. (Address) 835 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, May 5th, 1916.

20-UNDERTAKER Mr. & Mrs. John H. Teufel

ADDRESS 801 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C94788

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 McElderry ST.; 7 WARD)

2-FULL NAME Marie Krivda

(Residence in Baltimore: No. 1931 McElderry St.; 20 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
52 yrs. ..... mos. ..... da.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Petr Svoboda

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Frank Krivda

(Address) ..... 1931 McElderry

15-Filed MAY 3 - 1916, 191... ROBERT . KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 2 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1916, to May 2 1916, that I saw h[illegible] alive on 5/2 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

..... Cancer of Liver

Chronic Hepatitis & Cirrhosis

..... (Duration) ..... yrs. 2 ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cond

..... (Duration) ..... yrs. ..... mos. 6 ..... ds.

(Signed) ..... M. D.

5/2/16 191... (Address) 708 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	May 5, 1916

20-UNDERTAKER Frank L. Krauter Son

ADDRESS 1904 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C94789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C94789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 No. Calvert St. 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Linn H. Mathews

(Residence in Baltimore: No. 211 North Calvert St.; 7 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, Oct. 3" 18[illegible]
(Month) (Day) (Year)

7-AGE, 73 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Conn.

PARENTS.

10-NAME OF FATHER, Edward H. Hays.

11-BIRTHPLACE OF FATHER (State or Country), Conn

12-MAIDEN NAME OF MOTHER Rhoda Kendall

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. C.H. Mathews

(Address) 211 No. Calvert St.

15- Filed MAY 3 - 1916, 191... ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 1916., to May 3 1916, that I saw h[illegible] alive on May 3rd 1916; and that death occurred, on the date stated above, at 9.30a.m.

The CAUSE OF DEATH* was as follows:

General Asthenia

Malignancy

(Duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

(Signed) Chas. W. Stone M. D.

5/3., 191.6 (Address) 701 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Columbus Ohio — DATE OF BURIAL, May 3", 191.6

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto. St.

Spec.—5-19-15—M. & T.—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94790

CERTIFICATE OF DEATH.

92 C94790

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 McCulloh ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Mackey

(Residence in Baltimore: No. 1739 McCulloh St.; 9 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) ..... (Day) 1826 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm McKay

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Somers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Mary Davis

(Address)..... 1739 McCulloh

15-MAY 3 - 1916 ROBERT . KRAUTER, Filed....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17 1916, to May 2 1916, that I saw h[illegible] alive on May 2 1916, and that death occurred, on the date stated above, at 2 00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 17 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) W. C. Davis M. D.

May 3 1916. (Address) 22 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest Cemetery	May 5
20-UNDERTAKER	ADDRESS
John D. Owens	1227

Spec.—8-14-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94791

CERTIFICATE OF DEATH.

151 C94791

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Brunt St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Laurence Brooks

(Residence in Baltimore: No. 1520 Brunt Street St.; Life yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 20, 1916
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Brooks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Minnie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brooks

(Address) 1520 Brunt St.

15- MAY 3 1916 ROBERT . KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 2 1916, that I saw h.. alive on May 2 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Interus

Neonatorum

(Duration) .....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration) .....yrs.....mos.....ds.

(Signed) Chas. O. Coulter M. D.

May 3, 1916 (Address) 548 Mosher St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mont Auburn	May 4, 1916.
20-UNDERTAKER	ADDRESS
John F. Owens	1222 Penn Ave

43

HEALTH DEPARTMENT---CITY OF BALTIMORE

C94792 C94792

CERTIFICATE OF DEATH

165

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 593 Orchard St. St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Sarah Viola Johnson

(Residence in Baltimore: No. 593 Orchard St. St.; ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: about 1868 (Month), 1 (Day), ... (Year)

7-AGE: 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Co Md.

PARENTS

10-NAME OF FATHER: Hanson Hughes

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Boley

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William A. Johnson

(Address) Reisterstown

MAY 3 - 1916 Filed ....., 191.....

ROBERT . KRAUTHER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 3d (Month), 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st, 1916 to, May 3d 1916, that I saw h.... alive on May 3d 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows: Gastro Enteritis

(Duration) ab yrs 2 mos. ..... ds.

Contributory (SECONDARY) Exhaustion

(Duration) Prostration yrs ..... mos. ..... ds.

(Signed) C. H. Bentley M. D.

May 3d, 1916 [Address] 607 N. Charles

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Reisterstown Md.

19-PLACE OF BURIAL OR REMOVAL: St Lukes Church — DATE OF BURIAL: May 6 1916

20-UNDERTAKER: Wm Bergman & Son — ADDRESS: Reisterstown

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94793

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C94793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Belt St. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm E. Thilbolt

(Residence in Baltimore: No. 1818 Bell St.; 4 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 1, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. (City)

PARENTS.

10-NAME OF FATHER, Wm E Thilbolt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie B. Noyle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E Thilbolt

(Address) 1818 Bell St

15-Filed MAY 4 - 1916, 191.... HARRY C. [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to May 3 1916, that I saw h[illegible] alive on May 3 1916, and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. R. Campbell M. D.

May 3., 1916 (Address) 1649 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	5-5th, 1916
20-UNDERTAKER E & B Hale	ADDRESS 115 E Lee St

C94794 HEALTH DEPARTMENT--CITY OF BALTIMORE 28 C94794

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1933 N Collington ave ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Viola Ottilia Everist

(Residence in Baltimore: No. 1933 N Collington ave St.: Lifetime yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single,

6. DATE OF BIRTH: Dec 20, 1887 (Month) (Day) (Year)

7. AGE: 28 yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9. BIRTHPLACE (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Joseph Everist

11. BIRTHPLACE OF FATHER (State or country): Baltimore Md

12. MAIDEN NAME OF MOTHER: Sarah A Cape

13. BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie Everist

(Address) 1933 N Collington ave

MAY 4 - 1916

Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct ?, 1913, to May 2 1916, that I saw her alive on May 1, 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ?3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John E O'Neill M. D.

(Address) 2508 N. Charles st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: May 6, 1916

20. UNDERTAKER: [illegible]

ADDRESS: 804 E North

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94795

HEALTH DEPARTMENT---CITY OF BALTIMORE

C94795

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3455 Chestnut Ave, ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May C. Clark

(Residence in Baltimore: No. 3455 Chestnut Ave. St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: March (Month) 22 (Day) 1889 (Year)

7-AGE: 27 yrs. I mos. IO ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New Port R.I.

PARENTS

10-NAME OF FATHER: Michael C. Conroy

11-BIRTHPLACE OF FATHER (State or country): Irland

12-MAIDEN NAME OF MOTHER: Asked & not Given

13-BIRTHPLACE OF MOTHER (State or country): Irland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas W. Clark

(Address) 3455 Chestnut Ave,

MAY 4 - 1916 Filed ....., 191.....

HARRY C. ABERNETHY
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. ....., 1915, to, May 2nd 1916, that I saw her alive on May 2nd 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intercurrent Tuberculosis Bronchial Gland

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed), M. D.

May 3rd, 1916 [Address] 6435 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 4th. 1916, 191.....

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94796

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94796

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin & Cancer Hospital ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rena Mann.

(Residence in Baltimore: No. 2633 Oak St. St.; J yrs., 2 mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, October (Month) 27 (Day), 1881 (Year)

7-AGE	If LESS than 1 day,
34 yrs. 6 mos. 7 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), York Co. Penn.

PARENTS.

10-NAME OF FATHER, Harry Trout.

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Mary Awrick.

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Mann.

(Address) 2633 Oak St.

15- MAY 4 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1915, to May 3rd 1916, that I saw h[illegible] alive on May 3rd 1916, and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumatosis complicated with Hemonagic Purpura

(Duration) yrs. 7 mos. 8 ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. 5 ds.

(Signed) Geo. E. Owens M. D.

5/3/, 1916 (Address) 1000 S. 5th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1/2 yrs. mos. ds. In the State 3 yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2633 Oak St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	May 5, 1916

20-UNDERTAKER A. S. Marshall ADDRESS 3539 Falls Rd

Spec.—8-24-14—M. & T.—2000 Bks.

C94797 HEALTH DEPARTMENT—CITY OF BALTIMORE C94797

CERTIFICATE OF DEATH. 113

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Hanover St.; 23 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Swope

(Residence in Baltimore: No. 1017 Hanover St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1858 (Year)

7-AGE, 57 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Policeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto City

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Louis C. Swope

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliz Vierman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ellen Swope

(Address) 1017 Hanover St.

15- MAY 4 - 1916 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 19th 1916, to May 1st 1916, that I saw him alive on May 1st 1916, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

Several Years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) H. J. Carrick M. D.

May 3rd, 1916 (Address) 1417 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Louden Park — DATE OF BURIAL, May 4th, 1916.

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover St

Important: See instructions on back of certificate.

C94798

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94798

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 Carroll St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gilbert Hicks

(Residence in Baltimore: No. 1412 Carroll St. 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), 1866 (Year)

7 AGE: 50 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Day Laborer 25
(b) General nature of industry, business, or establishment in which employed (or employer): Marble yard

9 BIRTHPLACE (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmora Hicks

(Address) 1412 Carroll St

15 MAY 4 - 1916

Filed 19

HARRY C. ARRIS

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1916, to May 1, 1916, that I saw h— alive on Apr. 30, 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Uraemia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Stanley Stone M. D.

May 2, 1916 (Address) 729 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 4, 1916

20 UNDERTAKER: John H. Toadvine — ADDRESS: 142 W. Hill St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94799 C94799

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Schiever,

(Residence in Baltimore: No. 700 N. Lexington St.; (If U. S. Life time 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ~~May~~ Feb 20, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger.
(b) General nature of industry, business, or establishment in which employed (or employer): Employed 1330

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Louis B. Schiever

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Barbara Bein

13-BIRTHPLACE OF MOTHER (State or Country), York Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. B. Schiever

(Address) 700 N. Lexington St

15- MAY 4 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 30. 1916, to May 2nd 1916., that I saw h im alive on May 2nd 1916., and that death occurred, on the date stated above, at 655 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

573 (Signed) Thos Norton M. D.
5/3/16 (Address) 8736 Loveland Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Newbattendal Bur

DATE OF BURIAL, May 5., 1916.

20-UNDERTAKER W. M. Norton

ADDRESS 230 N. Gay

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94800 28 C94800

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 1/2 Little Pine ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moore West.

(Residence in Baltimore: No. ..... St.; .....yrs. .....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black.	Single

6-DATE OF BIRTH, ? (Month) ? (Day) 1? (Year)

7-AGE, about 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 243
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). W. Co. Virginia

PARENTS.

10-NAME OF FATHER, Levin West.

11-BIRTHPLACE OF FATHER (State or Country) W. Co. Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- FILED MAY 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/27 1916, to May 2 1916, that I saw h im alive on April 27 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonary

(7) (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. H. Hutchins M. D.

5/3, 1916. (Address) 1220 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	MAY 5 1916
20-UNDERTAKER Commissioner Health	ADDRESS

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 lbs.

C94801

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 927 N. Lombard ST.; 18 WARD)

REGISTERED No. C 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Buchbaum

(Residence in Baltimore: No. 927 N. Lombard St ST.; 57 yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 22, 1861
(Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hostler
(b) General nature of industry, business, or establishment in which employed (or employer): Stable

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Buchbaum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Blank

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Buchbaum

(Address) 927 N. Lombard St.

15- Filed MAY 4 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1915, to May 3 1916, that I saw h[illegible] alive on May 3 1916, and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. Lorton M. D.

5/3, 191 6 (Address) 873 W. Lomb St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Patrick's Cemetery — DATE OF BURIAL, May 5, 1916.

20-UNDERTAKER Wm. J. Corcoran & Son — ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94802 HEALTH DEPARTMENT—CITY OF BALTIMORE C94802

CERTIFICATE OF DEATH.

8 78

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1808 N Bond St.; 8 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Hanlon

(Residence in Baltimore: No. 1808 N Bond St. St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec 20 (Month) 1851 (Day) (Year)

7-AGE, 64 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Robt Gunning

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Johanna Moulen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J Hanlon

(Address) 1808 N Bond St

15 MAY 4 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 1 1916, to May 3 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

exhausted

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. St Hayward M. D.

5/4, 1916. (Address) 838 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 6th, 1916
20-UNDERTAKER John Moran	ADDRESS Park & Eager

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94803 C94803

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 235 Arch ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lewis Cook

(Residence in Baltimore: No. 235 Arch St.; 5 yrs., 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 9, 1910
(Month) (Day) (Year)

7-AGE, 5 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Washington Cook

11-BIRTHPLACE OF FATHER (State or Country), Catonsville Md

12-MAIDEN NAME OF MOTHER Ella B. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones

(Address) 235 Arch St

15 MAY 4 - 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to May 1 1916, that I saw h[illegible] alive on May 1 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Minigitis (Duration).....yrs.....mos. 12 ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration)...yrs.....mos.....ds.

(Signed) W. H. Frazier M. D.

May 2, 1916 (Address) 120 S Forest Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	May 4, 1916
20-UNDERTAKER	ADDRESS
Alfred J Ireland	1141 Scott 25

(1 Area)

Spec.—8-24-14—M. & T.—2000 Blks.

C94804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 C94804

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. U.S. Marine Hospital ST. OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Brittingham

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 5 (Day) 1884 (Year)

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman 727
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. W.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Sarah E. Riggin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) His statement on admission to Hospital.
(Address) .....

15- Filed MAY 4 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to May 4 1916, that I saw h... alive on May 4 1916, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis
.....
.....
..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Davis Reinard M. D.
May 4, 1916. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 10 ds. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Not known
Former or usual residence Not known

19-PLACE OF BURIAL, OR REMOVAL, Golden Hill Md — DATE OF BURIAL, May 4, 1916

20-UNDERTAKER Millard E. Fuller — ADDRESS 221 N Bradway

C94805

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1916 C94805

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1417 W. Lafayette Ave St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles William Herring

(Residence in Baltimore: No. 1417 W. Lafayette Ave St. 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Jan 27th, 1845 (Month) (Day) (Year)

7-AGE: 71 yrs. 3 mos. 5 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Guard 547
(b) General nature of industry, business, or establishment in which employed (or employer): Wells Fargo & Co

9-BIRTHPLACE (State or country): Jefferson Md

PARENTS

10-NAME OF FATHER: Ezra Herring

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Cathrine Herring

(Address) 1417 W Lafayette Ave

15- MAY 4 - 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 2nd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30th, 1915, to May 2nd 1916.
that I saw him alive on May 2nd, 1916.
and that death occurred, on the date stated above, at 11.45 a m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 5 ds.

(Signed) Sigmund F. Stutzmann M. D.

May 3rd, 1916 (Address) 1227 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 5th, 1916

20-UNDERTAKER: Bertrand Post — ADDRESS: 1735 W Lafayette Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94806

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 C94806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Eutaw Place, ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa G.H.Hollander,

(Residence in Baltimore: No. 1802 Eutaw Place, St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female,

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married,

6-DATE OF BIRTH, Sept. (Month) 29th. (Day), 1776 (Year)

7-AGE, 39 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: HouseWife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, David Hutzler,

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Ella Gutman,

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) De.J.H.Hollander,

(Address) 1802 Eutaw Place,

15- Filed MAY 4 - 1916, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May. (Month) 3rd. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19 1915, to May 3 1916, that I saw h r alive on May 3 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
(Operation March 19. 1915. Microscopic diagnosis) (Duration) 1 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Carcinoma of Brain
(Duration) — yrs. 2 mos. — ds.

(Signed) Louis P. Hamburger M. D.

May 3, 1916 (Address) 120 E. Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Har Sinai,

DATE OF BURIAL, May. 5th., 191.6

20-UNDERTAKER David Sondheim

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94807

CERTIFICATE OF DEATH.

79 C94807

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2358 Eutaw Place ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Lowenthal

(Residence in Baltimore: No. 2358 Eutaw Place St.; Lifetime yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: May (Month) 19th (Day), 1836 (Year)

7-AGE: 79 yrs. 11 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Joseph Grunfelder

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Hannah Rider

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen Lowenthal

(Address) 2358 Eutaw Place

15- Filed MAY 4 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1915, to May 2 1916, that I saw h[er] alive on May 2 1916, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jesse E. Hirsh M. D.

May 3, 1916 (Address) 2360 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	May 4, 1916
20-UNDERTAKER	ADDRESS
Hard & Sondheim	118 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94808

CERTIFICATE OF DEATH.

71 C94808

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Hahnemann Med. Hospital St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Roscoe Townshend Jr.

(Residence in Baltimore: No. 305 N. Carey St.; ..... yrs. ..... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 29, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles R. Townshend

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co., Md

12-MAIDEN NAME OF MOTHER Mary Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Washington DC.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.R. Townshend

(Address) 305 N Carey St.

15- Filed MAY 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 4 1916, that I saw h.sm. alive on May 3d 1916, and that death occurred, on the date stated above, at 5:45 a m.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Maurice F. Shannon M. D.

May 4, 1916. (Address) 514 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 4, 1916.

20-UNDERTAKER George J. Smith — ADDRESS 1000 E. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94809 C94809

CERTIFICATE OF DEATH.

115

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Tonella

(Residence in Baltimore: No. 700 W. North ave St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ~~May~~ Unknown, 1860.
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buyer for Dept. store
(b) General nature of industry, business, or establishment in which employed (or employer): 66

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Geo Tonella

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Catherine Coleman

13-BIRTHPLACE OF MOTHER (State or Country), La

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sadie [redacted] nella

(Address) 700 N North [redacted]

15- MAY 4 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 4 1916, that I saw h[redacted] alive on May 4 1916, and that death occurred, on the date stated above, at 9.05 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cardiac Arhythmia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Emphysema, Gall bladder & Gen'l peritonitis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) M Houston Tomlson M. D.

May 4..., 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 700 W. North ave

19-PLACE OF BURIAL OR REMOVAL, New York City

DATE OF BURIAL, May 7..., 1916

20-UNDERTAKER W M Rowlson

ADDRESS 230 N Green

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42 C94810

C94810

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1425 Orleans ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Jane Boles

(Residence in Baltimore: No. 1425 Orleans St.: 57 yrs. 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan 29, 1859 (Month) (Day) (Year)

7-AGE: 57 yrs. 3 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Peter Barnes

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Clark

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ann Thomas (sister)

(Address) 1233½ Mulliken

15. MAY 4 - 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 30, 191..., to May 2 191 6.

that I saw h.. alive on May 2, 191 6.

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Diagnosis

Uterine Hemorrhage

Uterine Cancer

(Duration) 3 yrs. / mos. ..... ds

Contributory (SECONDARY) Uterine Hemorrhage

(Duration) / yrs. ..... mos. 2 ds.

(Signed) W. C. Burns M. D.

May 2, 1916 (Address) 2218 E Oraton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: May 5, 1916

20-UNDERTAKER: McGinnis-Cerrine — ADDRESS: 608 N Paca St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 134 C94811

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pr. Hospital) (ST. 10 WARD)

2-FULL NAME Mary A Dow, (Dan)

(Residence in Baltimore: No. 947 Hull St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 22 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 25, 1891
(Month) (Day) (Year)

7-AGE, 24 yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Gust Zimmerman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie V Dow

(Address) 947 Hull St.

15-MAY 4 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....Inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said....Inquest.... (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion Self Induced

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J Knott Insley M. D.
(Coroner.)

May 5 1916. (Address) 1 East Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 24 yrs. 4 mos. 8 ds.

Where was disease contracted, if not at place of death?.....947 Sterling St.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, May 6, 1916

20-UNDERTAKER Henry Doetzel Son

ADDRESS 1301 E Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C94812

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N. Patterson Pk Ave. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilia Weber.

(Residence in Baltimore: No. 732 N. Patterson Pk Ave. St.; 48 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) ....., 1832 (Year)

7-AGE,	If LESS than 1 day,
84 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Rogessnader

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elessneuta Weber

(Address) 732 N. Patterson Pk. Ave

15- Filed MAY 4 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2 (Month) ..... (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 - 1916, to May 2 - 1916, that I saw h.. alive on May 1 - 1916, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho - Pneumonia -

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Senility -

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. C. Bowman M. D.

May 4, 1916. (Address) 125 E. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 5, 1916.
20-UNDERTAKER	ADDRESS
Lilly - Zeiler	403 S. Wolfe St.

Spec.—8-2-14—M. & T.—2000 Bks.

C94813

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94813

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Bushman (Dishman)

(Residence in Baltimore: No. 1913 Gough St St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, John Wagner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Woodson H. Dishman

(Address) 1913 E. Gough St.

15-

Filed MAY 4 - 1916, 191... HARRY C. ANDERSON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 191..., to May 3 191..., that I saw h er alive on May 3 191..., and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

..... (Duration) ... yrs. ... mos. 6 ... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) H. Allen Jennings M. D.

5/3/16, 191... (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 33 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 1913 Gough St

Former or usual residence 1913 Gough St.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, May 5th, 191.6.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94814 C94814

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Milton Ave St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lina Collins

(Residence in Baltimore: No. 623 S Milton Ave St.; 58 yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 27th (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Glass.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katharine Reidel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Collins

(Address) 623 S. Milton Ave.

15- MAY 4 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to May 2nd 1916, that I saw her alive on May 2nd 1916, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Contributory)

(Duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY. (Secondary) Pulmonary Emphysema

(Duration) yrs. 6 mos. 15 ds.

(Signed) Dr. Albert Muller M. D.

5/3/, 1916. (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	May 6th, 1916
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Mo[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

C94815

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94815

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7708 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Punte

(Residence in Baltimore: No. 7708 Eastern Ave St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. (Month) 11th (Day), 1847 (Year)

7-AGE, 68 yrs. 5 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Schuster

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Oppelt.

(Address) 7708 Eastern Ave

15- Filed MAY 4 - 1916 MARY C. ..... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to May 2nd 1916, that I saw her alive on May 1 1916, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas L. Mees M. D.

5/2/16, 191... (Address) 408 S. Patterson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem.	May 6th, 1916
20-UNDERTAKER Lilly and Julian	ADDRESS 403 S. Monroe St

C94816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

153 C94816

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 821 N Carlton ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William Walsh

Residence in Baltimore: No. 821 N Carlton St.; yrs., 7 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Baby

6-DATE OF BIRTH, ... Apr. (Month) 1 (Day) 16 (Year)

7-AGE, ... yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thos Ruane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah E Walsh

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mollie Ruane

(Address) 821 N Carlton

15- FILED MAY 4 - 1916 HARLY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lack of Care

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Insley M. D. (Coroner)

May 4 1916. (Address) 2138 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Johnston Insley	May 5 1916
20-UNDERTAKER Robt Johnson	ADDRESS 1424 Bway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94817

CERTIFICATE OF DEATH.

40 C94817

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Elizabeth Baer

(Residence in Baltimore: No. 1732 N. Chester St. Lif yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 20 (Day), 1886 (Year)

7-AGE, 30 yrs. 3 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Adam Seifert

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Elizabeth Fuchs

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Baer

(Address) 1732 N. Chester St.

15- MAY 4 - 1916, 191.. ROBERT . KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1916, to May 3 1916, that I saw h[illegible] alive on May 2, 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast operation ago 1916

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hurst C. Blake M. D.

May 3, 1916. (Address) 1014 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem't	May 6, 1916
20-UNDERTAKER	ADDRESS
Robt. T. Turner	1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94818

CERTIFICATE OF DEATH.

50 C94818

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Pulaski St. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel McPherson

(Residence in Baltimore: No. 2143 Pulaski St.; Lf yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 7, 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Duncan W. McPherson

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Agnes McIntyre

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Pollard

(Address) 2143 Pulaski St.

15- MAY 4 - 1916 ROBERT J. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 1st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 1st 1916, that I saw him alive on April 30th 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cirrhosis of Kidneys

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Wm. F. Buddee M. D.

May 4, 1916. (Address) 210 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemt	May 5, 1916
20-UNDERTAKER	ADDRESS
Robt. T. Turner	1442 N. Brdy.

C94819

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C94819

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 Columbia ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Mong

(Residence in Baltimore: No. 771 Columbia St. 64 yrs. ..... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: May (Month) 17 (Day), 1852 (Year)

7-AGE: 82 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Car-Builder
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad 37

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W^m Mong

(Address) 771 Columbia

15- MAY 4 - 1916 ROBERT KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1916, to, May 3 1916, that I saw h~~im~~ alive on May 3 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Harry Boyd M. D.

May 3, 1916 [Address] 52 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 5th yr. 1916

20-UNDERTAKER: E. Schuloman & Son

ADDRESS 1039 Hanover St.

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94820 — 80 — C94820

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (~~No.~~ Calvert Court Apts, Calvert + 31st Sts. WARD) 12

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Sarah Helena Thomsen.

Residence in Baltimore: No. 3D Calvert Court Apts., Calvert + 31st Sts. (If not in Baltimore give length of residence in this place) yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feby 27th, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Portland Me

PARENTS

10-NAME OF FATHER: Thos Wilson O'Brion

11-BIRTHPLACE OF FATHER (State or country): Kittery Me.

12-MAIDEN NAME OF MOTHER: Sarah Hunt.

13-BIRTHPLACE OF MOTHER (State or country): Gray Me

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William E. Thomsen.

(Address) Calvert & 31 Sts.

MAY 4 - 1916 Filed ....., 19.. ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April, 1916, to May 3, 1916; that I saw her alive on May 2, 1916, and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Organic Heart).

Perhaps dates from Pneumonia about (Duration) 8-10 yrs. — mos. — ds

Contributory (SECONDARY) Dilatation - Angina Pectoris (Duration) — yrs. — mos. 2l ds.

(Signed) Edgar Paul Luttrell M. D.

5-3-1916 (Address) 2729 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: May 5, 1916

20-UNDERTAKER: Henry W. Jenkins & Sons Co

ADDRESS: Eutaw & Orchard Sts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94821

CERTIFICATE OF DEATH.

111

C94821

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Laurens ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wade

(Residence in Baltimore: No. 1406 Laurens St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter 640
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

9-BIRTHPLACE, (State or Country), Charles Co Md

PARENTS.

10-NAME OF FATHER, Homer Wade

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Martha Gray

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ralph Wade

(Address) 2169 Druid Hill Ave

15- MAY 4 - 1916 Filed ..... 191.....

ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 10 1916, to May 3 1916, that I saw her alive on May 3 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Hepatitis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. J. Williams F'ley M. D.

May 3, 1916 (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Huntsville Charles Co Md

DATE OF BURIAL, May 5, 1916

20-UNDERTAKER James H Dunning

ADDRESS 1303 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 C94822

CERTIFICATE OF DEATH.

64 C94822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men's Home St.; 19 WARD)

REGISTERED NO. C

2-FULL NAME John E Lowrie

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1400 W Lexington St.; 83 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sail maker
(b) General nature of industry, business, or establishment in which employed (or employer) H70

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER John Lowrey

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co Md.

12-MAIDEN NAME OF MOTHER Rebecca Walton

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H W Leckman Mistress

(Address) Home

15 MAY 4 - 1916 ROBERT . KRAUT, Registrar.

Filed ..... 191.. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 4 1916, that I saw h alive on May 3 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J W Motsett M. D.

May 4, 191.. (Address) 1317 Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, May 5, 191..

20-UNDERTAKER Geo J Smith ADDRESS 1000 W. Fay ette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94823

92 C94823

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Independent ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Mason

(Residence in Baltimore: No. 3017 Independent St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 18, 1880
(Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Co Md

PARENTS.

10-NAME OF FATHER, Carvil S Mason

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Georgia a Mason

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ursley W Mason

(Address) 3017 Independent

15- MAY 4 1916 191.... ROBERT , KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3rd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to May 3rd 1916, that I saw h[illegible] alive on May 3rd 1916, and that death occurred, on the date stated above, at 8.15a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Pleuro Pneumonia (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Geo. N. Murgatroyd M.D.

May 3rd, 1916. (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	May 5, 1916.
20-UNDERTAKER	**ADDRESS**
William Cook	302 E North Ave

Dr Murgatroyd 2537 Freemont Ave

C94824

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9V C94824

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 424 E 26th St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Weber

(Residence in Baltimore: No. 424 E 26th St.; Life yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word) Widow

6-DATE OF BIRTH May 3, 1916 (Month) (Day) (Year)

7-AGE 67 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER William Fischer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Weber

(Address) 424 E 26th St

15. Filed MAY 4 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1916, to, May 3 1916, that I saw her alive on May 2 1916, and that death occurred, on the date stated above, at 8-45 9 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. 1 mos. — ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John Gundwood M. D.

May 3, 1916 (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL May 5, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

C94825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C94825

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 738 George St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Frenkamp

(Residence in Baltimore: No. 738 George St.: 60 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 1, 1855
(Month) (Day) (Year)

7-AGE, 80 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 314
(b) General nature of industry, business, or establishment in which employed (or employer): Cigar Mfg. Co.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Daniel Frenkamp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Frenkamp

(Address) 1138 Myrtle Av

15- MAY 4 - 1916 ROBERT , KRAUTER,
Filed....., 191..
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to May 3 1916, that I saw h in alive on May 2 1916, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. 5 mos. ... ds.

(Signed) J. M. Thompson M. D.

May 4, 1916. (Address) 826 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, May 6, 1916

20-UNDERTAKER Harry W. Ethen — ADDRESS 1447 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94826

CERTIFICATE OF DEATH.

30 C94826

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 W. Balto St. St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine C. Fischer

(Residence in Baltimore: No. 943 W. Baltimore St.; 14 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 5, 1902 (Month) (Day) (Year)

7-AGE: 14 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wm G. Fischer

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Annie C. Yeakel

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac C. Fischer

(Address) 943 W. Balto St.

15- MAY 4 - 1916 Filed....., 191.... ROBERT C. KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 4 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) E O Entelman M. D.

5/14, 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 8, 191.6

20-UNDERTAKER: Harry W. Colen — ADDRESS: 44 E. North Ave

C94827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 C94827

REGISTERED No. C.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. University Hospital. ST.: 21 WARD)

2-FULL NAME Norman Howard

(Residence in Baltimore: No. 1178 W. Warner St. St., 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1897 (Year)

7-AGE, 36 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown 63
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, John Howard

11-BIRTHPLACE OF FATHER (State or Country), a a co. md

12-MAIDEN NAME OF MOTHER Jennie Ware

13-BIRTHPLACE OF MOTHER (State or Country), a a co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda James

(Address) a a co. md

15- FILED MAY 5 - 1916, 191.....

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pocket

Sepsis following a Wnjc wounds in the Abdomen

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Homicide

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

May 4, 1916 (Address) 312 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	May 5 1916
20-UNDERTAKER	**ADDRESS**
L. L. Brown & Son	108 W. Monty St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94828

CERTIFICATE OF DEATH.

79

C94828

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2249 Eutaw Place, ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Marcus,

(Residence in Baltimore: No. 2249 Eutaw Place, St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow,

6-DATE OF BIRTH, July 15th., 1826
(Month) (Day) (Year)

7-AGE, 89 yrs. 9 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Marcus

(Address) 2249 Eutaw Place,

15 MAY 5 - 1916. HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1913, to May 4 1916, that I saw her alive on May 3 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Myocarditis

Myocarditis (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) — yrs. — mos. 2 ds.

(Signed) Louis P. Hamburger M. D.

May 4, 1916. (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom

DATE OF BURIAL, May 5, 1916

20-UNDERTAKER David Goldstein

ADDRESS 1180 McCulloh St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94829 C94829

CERTIFICATE OF DEATH.

61X

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Cosky

(Residence in Baltimore: No. 1635 Thames St St.; 1 yrs., 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 31, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Andrew Cosky

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katherine Michael

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 5 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1916, to May 4 1916, that I saw him alive on May 4 1916, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Meningitis, Epidemic Cerebro-spinal

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W Pearl M. D.

May 4, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State 1 yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 635 Thames St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 5, 1916.

20-UNDERTAKER William Fiaschetti — ADDRESS 168 Eastern

C94830

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94830

CERTIFICATE OF DEATH

89

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 771 George ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Alexander (C.)

(Residence in Baltimore: No. 771 George St ST.: 0 yrs. 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): X child

6 DATE OF BIRTH: Jan. 8 (Month), (Day), 1916 (Year)

7 AGE: 0 yrs. 3 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): 1527 Barclay St.

PARENTS

10 NAME OF FATHER: Henry Perkins

11 BIRTHPLACE OF FATHER (State or country): North Carolina.

12 MAIDEN NAME OF MOTHER: Lucy Alexander

13 BIRTHPLACE OF MOTHER (State or country): Hampton, Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Alexander

(Address) 771 George

MAY 5 - 1916
Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 4th (Month) 4th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 12th, 1916, to April 26 1916, that I saw him alive on Apr. 26, 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition.

(Duration) since birth yrs. mos. ds

Contributory (SECONDARY) bronchitis since birth.

(Duration) yrs. mos. ds.

(Signed), S. A. Dodds M. D.

May 4th, 1916 (Address) 3101 Clifton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemet | DATE OF BURIAL: May 5, 1916

20 UNDERTAKER: Charles B. Jones | ADDRESS: 506 Roger St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94831 C94831

CERTIFICATE OF DEATH.

REGISTERED NO. C 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes M. Bradley

(Residence in Baltimore: No. 210 S Bruce St St.; 3 yrs., 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 5, 1912 (Month) (Day) (Year)

7-AGE, 3 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Bradley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Grace Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Grace Bradley

(Address) 210 S Bruce St

15-MAY 5 - 1916 HARRY C. ANDREWS

Filed....., 191..Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 4 1916, that I saw h— alive on May 4 1916, and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Intoxication

(Duration) yrs. mos. 3 ds.

(Signed) E Headeland M. D.

May 4, 1916 (Address) 344 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, May 5, 1916.

20-UNDERTAKER Jos B Cook & Co. ADDRESS 1063 West Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94832 C94832

CERTIFICATE OF DEATH.

× 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kundsten

(Residence in Baltimore: No. (University Hospital) ST.: .....yrs. .....mos. 83 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sea

9-BIRTHPLACE, (State or Country), Norway.

PARENTS.

10-NAME OF FATHER, C. Kundsten

11-BIRTHPLACE OF FATHER (State or Country), Norway.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records University Hosp

(Address) Lombard & Linden

15- MAY 5 - 1916 HARRY O. ANDREWS
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 / 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/11 1916, to 5/3 1916, that I saw h[im] alive on 5/3 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm H Ellis M. D.

5/3, 191.. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 83 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Norway B.S.S. Roverton

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill DATE OF BURIAL, May 7, 191..

20-UNDERTAKER J. B. Cook ADDRESS 1003 Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94833 C94833

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 W Barree ST.; 22 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Congio Bianco.

(Residence in Baltimore: No. 119 W Barree St.; ..... yrs., ... mos. 38 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 28, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 5 ds. 38

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Horse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Joseph Bianco.

11-BIRTHPLACE OF FATHER (State or Country). Italy.

12-MAIDEN NAME OF MOTHER Maria Cammarata

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Dumaro

(Address) 226 Howard street

15- Filed MAY 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-3 1916, to 5-5 1916, that I saw her alive on 5-4 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. L. Dumaro M. D.

5-5, 1916 (Address) 16 N. Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cemetery — DATE OF BURIAL, May 5, 1916

20-UNDERTAKER John L Hahesy — ADDRESS 1318 Light st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94834 — 31 — C94834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Stockton ST.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Davis

(Residence in Baltimore: No. 1022 N. Stockton St.; 7 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb — 20 — 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter in
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor Shop

9-BIRTHPLACE, (State or Country), Phila Pa

PARENTS.

10-NAME OF FATHER, Robt Davis.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Davis

(Address) 1022 N. Stockton

15- MAY 5 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 4 — , 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1916, to May 4th 1916, that I saw h in alive on May 3rd 1916, and that death occurred, on the date stated above, at 8,15 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) — yrs. — mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) W. C. Finch M. D.

May 4th, 1916 (Address) 1325 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. — DATE OF BURIAL, May 6, 1916

20-UNDERTAKER Geo. H. Holland — ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94835 HEALTH DEPARTMENT—CITY OF BALTIMORE C94835

CERTIFICATE OF DEATH. 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Calvert ST.; 4 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Iniccio

(Residence in Baltimore: No. 419 N. Calvert St St.; 48 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 1st 1840, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Ferdinan Patmeo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Louise Castellano

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Manfuso

(Address) 1323 N. Calvert St.

15- Filed MAY 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3d 1916, to May 4 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above, at 7-30 A m.

The CAUSE OF DEATH* was as follows:

Asthma with Incurable Tumor
Hernia May 3-16 Reduced and Dangerous
Cerebral Hemorrhage at 4 P M May 4 16

(Duration) .....yrs. .....mos. 1 .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Dr Cathcart M.D. M. D.

May 4..., 1916. (Address) 1436 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, May 6..., 1916.

20-UNDERTAKER Mc Ginnis-Carroll — ADDRESS 608 N Paca St

Important. See instructions on back of certificate.

C94836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C94836

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3846 Guarion ST.; 13 WARD)

2-FULL NAME Mary E. Hood

(Residence in Baltimore: No. 3846 Guarion St.; yrs. 29 mos. 4 ds. 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 18 (Day), 1886 (Year)

7-AGE, 29 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....mdn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Maryland (City)

PARENTS.

10-NAME OF FATHER, E. Beecher

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Jamie Baker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamie Houck

(Address) 3846 Guarion

15- FILED MAY 5 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Chas. J. Morris Jr. (Coroner) M. D.

May 3rd 1916 (Address) 3632 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, May 6 1916

20-UNDERTAKER, Chenoweth Son — ADDRESS, Chestnut Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

96 C94837

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 891 Greenmount Av. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Kelly

(Residence in Baltimore: No. 891 Greenmount Ave St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Aug. (Month) 12 (Day), 1873 (Year)

42

7-AGE, 42 yrs. 8 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... City 707

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Luke Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Peter Kelly

(Address)..891 Greenmount Ave

15- MAY 5 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to May 4 1916, that I saw h— alive on May 4 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Acute Asthma

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration)....yrs....mos. 1 ds.

(Signed) James M. Hanlon M. D.

May 4, 1916 (Address) 709 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 6, 1916

20-UNDERTAKER H. C. Winfield — ADDRESS 1714 Gren

Spec. 3-8-24-14—M. & T.—2000 Bks.

C94838 HEALTH DEPARTMENT—CITY OF BALTIMORE C94838

CERTIFICATE OF DEATH. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N. Bond ST.; 8 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pamela J. Logue

(Residence in Baltimore: No. 1110 N. Bond St ..... St.; Life+ yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... July 4 ....., 1843
(Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm Monmonier

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Logue .....

(Address) 1110 N. Bond St .....

15- MAY 5 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 23 1915 to May 4th 1916, that I saw h Er alive on May 4th 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

3

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Complication,

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) Charles A. Meyer M. D.

May 5th 1916, (Address) 1031 N. Caroline St.

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Cathedral	May 6, 1916

20-UNDERTAKER	ADDRESS
H. C. Wiedefeld	614 Gaynor Av.

Dr Chas Myers

Spec.—8-24-14—M. & T.—2000 Bks.

C94839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

C94839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Valley ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Shea

(Residence in Baltimore: No. 1036 Valley St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, July 10, 1865
(Month) (Day) (Year)

7-AGE, 50 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... City

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, dont Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Son

(Address) 1036 Valley St.

15-Filed MAY 5 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 8 1916, to May 4 1916, that I saw h[e] alive on May 4 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs..... mos. 26 ds.

CONTRIBUTORY (Secondary) Edema Lungs

(Duration)..... yrs..... mos. 7 ds.

(Signed) Richard Cole M. D.

5/7, 191.6 (Address) 914 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 6, 1916

20-UNDERTAKER H. C. Windfeld — ADDRESS 914 Greenmt Av

C94840

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C94840

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 27 N. Carey ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME Albert L. Musgrove

(Residence in Baltimore: No. 1921 Willelm St.; yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH: Dec. (Month) 18 (Day), 1915 (Year)

7-AGE: ..... yrs. 4 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William D. Musgrove

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Mary Tucker

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William D Musgrove

(Address) 1921 Willelm St.

15 Filed MAY 5 - 1916, 191

HARRY C. ANDREWS
Burial ~~Permit~~ Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-17, 1916, to, May-3-1916, that I saw h[illegible] alive on May 3, 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Hilles Hemmeg M. D.

5/4, 1916 (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Ex Western Cemetery | DATE OF BURIAL: MAY 5 - 1916, 191

20-UNDERTAKER: Geo A Gerber | ADDRESS: Balto & Payson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94841

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94841

CERTIFICATE OF DEATH

92

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1444 Towson ST.: 24 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline Weil

(Residence in Baltimore: No. 1444 Towson St.: 1 yrs. 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov (Month) ..., 1914 (Year)

7-AGE: 1 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Augustus Weil

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary Scully

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Aug. Weil

(Address): 1444 Towson

MAY 5 - 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1915, to May 4 1916, that I saw her alive on May 13, 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. H. Richter M. D.

5/4, 1916 (Address) 1217 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: May 5, 1916

20-UNDERTAKER: M. J. Tabler & Sons

ADDRESS: 13 N. Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C94842

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Regester St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Schultheis

(Residence in Baltimore: No. 1814 N. Regester St. St.; 54 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, April 25, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 10 ds. | If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry A. Schultheis

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Kattie Borchers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A. Schultheis

(Address) 1814 N. Regester St.

15- MAY 5 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April May 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 4th 1916, that I saw her alive on May 4 1916, and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Pneumonia Enteritis

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) R. G. Davis, M. D.

..., 191... (Address) 1513 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	May 5, 1916
20-UNDERTAKER	ADDRESS
Robert J. Turner	1742 N. Broadway

C94843

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

C94843

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2210 Mt Holly St. 15 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah E. Troll

(Residence in Baltimore: No. 2210 Mt Holly St.; 1 yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: January 6, 1915 (Month) (Day) (Year)

7 AGE: 1 yrs. 3 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick J Troll

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sarah D Wilson

13 BIRTHPLACE OF MOTHER (State or country): Wilmington Del

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frederick J Troll (Father)
(Address) 2210 Mt Holly

15 MAY 5 - 1916 Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 3 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1915, to May 3 1916, that I saw her alive on May 3, 1916, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Rachitis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Eclampsia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.

May 4, 1916 (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: May 5, 1916

20 UNDERTAKER: Wm J Tickner & Son — ADDRESS: North Penn

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94844

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 C94844

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. Home for Incurables ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Valentine

(Residence in Baltimore: No. Home for Incurables St.; 89 yrs. 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female.	White	Single

6-DATE OF BIRTH January 15th, 1827 (Month) (Day) (Year)

7-AGE 89 yrs. 3 mos. 19 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Richard F. Valentine

11-BIRTHPLACE OF FATHER (State or country) England.

12-MAIDEN NAME OF MOTHER Ann Rogers

13-BIRTHPLACE OF MOTHER (State or country) England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. V. Fields (Sister)

(Address) 2821 Frisby St

MAY 5 - 1916 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 4th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 1907, to May 4 1916, that I saw her alive on May 4 1916, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Sciatica

(Duration) 18 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chronic bronchitis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) C. H. Gabriel M. D.

May 5, 1916 (Address) 2419 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 19 yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Home for Incurables

19-PLACE OF BURIAL OR REMOVAL Western Cemetery | DATE OF BURIAL May 5 1916

20-UNDERTAKER H E Hughes | ADDRESS 17 S. Broadway

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94845

HEALTH DEPARTMENT—CITY OF BALTIMORE

143 C94845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2200. Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genovefa Zukowska

(Residence in Baltimore: No. 2200 Eastern Ave. St.; ..... yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug (Month) 15 (Day), 1915 (Year)

7-AGE, ... yrs. 8 mos. 19 ds. — If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Zukowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Eva Kulisz

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Zukowski

(Address) 2200 Eastern Ave.

15- MAY 5 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 4 1916, that I saw h.. alive on May 4, 1916, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Multiple fumuncles (boils)

..... (Duration)..... yrs. 1 mos..... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

..... (Duration)..... yrs..... mos. 3 ds.

(Signed) J. M. Dellett M. D.

May 5, 1916 (Address) 621 Columbian

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	May 5, 1916
20-UNDERTAKER William Gielowski	ADDRESS 1618 Eastern ave.

Important.—See instructions on back of Certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94846 C91846

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. Beverly ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Prescott Ernst

(Residence in Baltimore: No. 100 Beverly St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, William P. Ernst

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Marie Schmitz

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William P. Ernst

(Address) 100 Beverly St.

15- MAY 5 - 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 5 1916, that I saw h[illegible] alive on May 5 1916, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:

Failure of [illegible] a week.

Coma, (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

May 5, 1916. (Address) 1402 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. Co. DATE OF BURIAL, May 5..., 1916

20-UNDERTAKER W. J. M. S. Flynn ADDRESS 1423 Light St.

C91847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C91847

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1316 Eutaw ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W Smith.

(Residence in Baltimore: No. 1316 Eutaw St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 27 (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. 10 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoe maker.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Kent Co. Md

PARENTS.

10-NAME OF FATHER, Daniel W Smith

11-BIRTHPLACE OF FATHER (State or Country), Kent Co Md

12-MAIDEN NAME OF MOTHER, Rebecca Merson

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Smith

(Address) 1316 Eutaw St.

15- FILED MAY 5 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart
Heart Trouble

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Nephritis.

(Duration) 1 yrs. mos. ds.

(Signed) J. Knott Dudley M. D.
(Coroner.)

, 191... (Address) 1316 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	May 6, 1916
20-UNDERTAKER	ADDRESS
E L Stiffler	Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly entered. Last residence of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94848 C94848

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 910 N Entaw St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Walker

(Residence in Baltimore: No. 910 N. Entaw St.: 11 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. C&C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov 12, 1882
(Month) (Day) (Year)

7-AGE, 33 33 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... Laborer on Lumber wagon
(b) General nature of industry, business, or establishment in which employed (or employer)..... 633

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Sam'l J. Walker

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Norris

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva [redacted] Phillips

(Address) 910 N. Entaw

15- Filed MAY 5 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30th 1916, to May 3rd 1916, that I saw h[redacted] alive on May 3rd 1916, and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) F. L. Link M. D.

May 4 191.. (Address) 1313 W North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Govson Va

DATE OF BURIAL, 5, 1916

20-UNDERTAKER Samuel Feemster

ADDRESS 578 W Biddle

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94849

CERTIFICATE OF DEATH.

29

C94849

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Brunt ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Holland

(Residence in Baltimore: No. 2231 Brunt St.; 21 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) 1872 (Day) 1 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm A. Brooks

11-BIRTHPLACE OF FATHER (State or Country), Frdk Co Md

12-MAIDEN NAME OF MOTHER Catherine Butler

13-BIRTHPLACE OF MOTHER (State or Country), Frdrick Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Brooks

(Address) Brunswick Frdk Co

15- Filed MAY 5 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1916, to May 3 1916, that I saw h.. alive on May 2 1916, and that death occurred, on the date stated above, at 2 40 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. Wilbur Frey M. D.

May 4, 191.. (Address) 192 E. Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Calvary — DATE OF BURIAL, May 6th, 191.6

20-UNDERTAKER George H. Holland — ADDRESS 517 Robert St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~084850~~ 92 (84850)

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 156 N. Ellwood Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Thomas

(Residence in Baltimore: No. 156 N. Ellwood ave St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: October (Month) 26 (Day), 1834 (Year)

7-AGE: 81 yrs. 6 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Coale

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: not Known

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene M. Thomas

(Address) 2108 E. Baltimore St

15- MAY 6, 1916 SCHEIT, KRAUSER, Burial Permit Clerk

Filed ..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24th, 1916 to, May 5th 1916, that I saw h.r alive on May 4th 1916 and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs — mos. 12 ds.

Contributory (SECONDARY) —

(Duration) — yrs — mos. — ds.

(Signed), John Davis M. D.

May 5th 1916. [Address] 2102 Oakleavon

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 8, 1916

20-UNDERTAKER: Thos. G. Black

ADDRESS: 120 N Mulberry St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C94851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Lepinaites

(Residence in Baltimore: No. Church Home Infirmary St.; 10 Minutes yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1916 (Year)

7-AGE, 10 Minutes Old. If LESS than 1 day, ...hrs. or 10 min.?

.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, William Lepanaites

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Victoria Zaleuskis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Lepanaites

(Address) Curtis Bay Md

15- MAY 6 - 1916 ROBERT . KRAUTER,

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191.....,
that I saw h.....alive on .....191.....,
and that death occurred, on the date stated above, at .....m.
The CAUSE OF DEATH* was as follows:

Premature Birth
(4½ hours)
, (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
(Duration)...yrs...mos...ds.

(Signed) H Carlin Hart M. D.
....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 5, 1916.

20-UNDERTAKER Johns Hebbians Sons — ADDRESS 500 S Paca St

Important. See instructions on back of certificate.

C94852

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94852

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Ludwig.

(Residence in Baltimore: No. 13. Pearl St. St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, April 8, 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Literary Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 977

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER, Chas D. Ludwig

11-BIRTHPLACE OF FATHER (State or Country). Baltomd

12-MAIDEN NAME OF MOTHER Caroline Reinhardt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Keil

(Address) 2312 Edmondson Av

15- Filed MAY 6 - 1916, 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Pulmonary Thrombosis, superinduced by Chronic Interstitial Nephritis and Shock following an injury to head by falling. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert E. Driscoll M. D.
(Coroner.)
May 5, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 13 Pearl St. 13 Pearl St.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, May 6, 1916
Baltimore Cem	
20-UNDERTAKER Theo Rohde & Son	ADDRESS 730 Edmondson

Cause of death in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94853 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C94853

CERTIFICATE OF DEATH. 120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hillery Hamilton

(Residence in Baltimore: No. 1812 McCulloh St St.; 49 yrs., 10 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH. June 15, 1866 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
49 yrs. 10 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver - Gr°
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baker Wagon

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER. James Hamilton

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Louise Jane Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 6 - 1916, 191.... ROBERT . KRAUTER, Vital Records Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 191 6, to May 5 191 6, that I saw h alive on May 5 191 6, and that death occurred, on the date stated above, at 12 00 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration)...2...yrs...1...mos...10...ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. C. Marcy M. D.

May 5, 191.6 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mos. 13 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1812 McCulloh St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	May 8, 191.6
20-UNDERTAKER	ADDRESS
Wm. J. Pearce Son	1400 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

C94854 HEALTH DEPARTMENT—CITY OF BALTIMORE C94854

8 CERTIFICATE OF DEATH. 76

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD) REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kennedy

(Residence in Baltimore: No. 527 E. 22nd St. St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, March 25, 1861.
(Month) (Day) (Year)

7-AGE, 55 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Francis Smith.

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Mary Nolan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sullivan

(Address) 1238 E. Fort Ave.

15 MAY 6 - 1916 ROBERT , KRAUTER, Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 4 1916, that I saw h er alive on May 4 1916, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Otitis Media

(Duration) yrs. 3 weeks mos. ds.

(Signed) J. Winton Clift M. D.

May 4, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 527 E. 22nd St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, May 8, 1916.

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Orchard St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Nursery & Child's Hosp. 120 REGISTERED NO. C 94855

CITY OF BALTIMORE: (No. Franklin & Schroeder ST., 18th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Earl Jefferson

(Residence in Baltimore: No. Nursery & Childs Hosp. St.: ...yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Feb. 14, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Phila. Pa

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nursery & Childs Hosp

(Address) Franklin & Schroeder

15- Filed MAY 6 - 1916, 191... MOSERT, KRAUTER, Registrar. Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4 1916, to May 4 1916 that I saw him alive on May 4 1916 and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edw. B. Friedenwald M. D.

May 7 1916 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	May 6, 1916
20-UNDERTAKER George J Smith	ADDRESS 1000 N. Fayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94856

CERTIFICATE OF DEATH.

29 C94856

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 126 Lida Pleasant St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irina Brown

(Residence in Baltimore: No. 126 Lida Pleasant St.)

3. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, ... October ....., 1 ..... (Month) (Day) (Year)

7-AGE, 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 816
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pvt Family

9-BIRTHPLACE, (State or Country), Harford Co. Md

PARENTS.

10-NAME OF FATHER, James Nelson

11-BIRTHPLACE OF FATHER (State or Country). Balto Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Samuel F. Williams

(Address) ..... 644 Gough St

15- Filed MAY 6 - 1916 ROBERT . KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 3 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, ~~autopsy or~~ inquiry.) thereon and from the evidence obtained by said ..... (Inquest, ~~autopsy or~~ inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Acute Chronic Heart ....
..... Dropsy .....
..... Six months (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Pulmon. Edema .....
..... Sam. Rowe (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... W. T. Talley, M.D. (Coroner.) ..... M. D.

May 3, 1916 (Address) ..... 1639 Bundum .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, May 6, 1916.

20-UNDERTAKER Felix B Pyle

ADDRESS 1028 Hollins St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94857

64 C94857

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Cathedral ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Beaker

(Residence in Baltimore: No. 1110 Cathedral St. 53 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 12, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 7 mos. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Herstelle Westphalia Germany

PARENTS.

10-NAME OF FATHER, Joseph Puls.

11-BIRTHPLACE OF FATHER (State or Country), Westphalia Germany

12-MAIDEN NAME OF MOTHER Elizabeth Lantz

13-BIRTHPLACE OF MOTHER (State or Country), Westphalia Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Beeker

(Address) 1110 Cathedral St.

15- MAY 6 - 1916 Filed....., 191.....

ROBERT . KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to May 4 1916, that I saw her alive on May 3 (at 10 P.M.) 1916, and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
arteriosclerosis

(Duration) Some yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) about 11 hours yrs. mos. ds.

(Signed) Frank R. Krauter M. D.

May 4, 1916. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, 5th 6th, 1916.

20-UNDERTAKER Hoffheimer Bros & McCullough

ADDRESS St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91858

CERTIFICATE OF DEATH.

120 C94858

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Dolphin St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia [redacted] Crane

(Residence in Baltimore: No. 313 Dolphin St. St.; 3 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 22nd, 1833
(Month) (Day) (Year)

7-AGE, 82 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Richmond, Virginia

PARENTS.

10-NAME OF FATHER, William Crane

11-BIRTHPLACE OF FATHER (State or Country), Newark, New Jersey

12-MAIDEN NAME OF MOTHER Jean Daniel

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude J. Crane

(Address) Baltimore Md

15. MAY 6 - 1916 Burial Permit Clerk.
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 4 1916, that I saw her alive on May 3 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

1 Uraemia

.....

.....

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Eustace D. Brown M. D.

May 4, 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, May 5, 1916

20-UNDERTAKER A. W. Jenkins & Sons Co. ADDRESS Richmond & Biddle Sts.

Important. See instructions on back of certificate.

C94859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 C94859

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Don't know. Town Lot. St.: Frederick in Wales WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bruce A. Phillipps

(Residence in Baltimore: No. No residence in Balto. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, Don't know ....., 1.....
(Month) (Day) (Year)

7-AGE, 2 y about .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)..... Jail

9-BIRTHPLACE, (State or Country), Lankmoor Manchester

PARENTS.

10-NAME OF FATHER, Wm A Phillipps md

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Sallie Trego

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. M. Phillipps

(Address) 420 Gilmor Road.

15- Filed MAY 6 - 1916 191.. ROBERT . KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Don't know about Feb. 17 1918, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory accidental

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) A. I. Raley Coroner M. D.
(Coroner.)

May 6 1916 (Address) 1639 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetary	May 6, 1916
20-UNDERTAKER Christian Miller	ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 C94860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C94860

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2732 O Donnell ST.: 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Oles

(Residence in Baltimore: No. 2732 O Donnell St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 9 (Day), 1916. (Year)

7-AGE, ... yrs. 7 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dependent
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 2732 O Donnell St. Balto Md

PARENTS.

10-NAME OF FATHER. Joseph Oles -

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Chatalska

13-BIRTHPLACE OF MOTHER (State or Country), Germany -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Oles

(Address) 2732 O'Donnell St

15- MAY 6 - 1916 Filed....., 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took ~~charge~~ of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Catarrh

Pneumonia Duration

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Not known

(Duration).....yrs.....mos.....ds.

(Signed) Chas. Von Ohlen M. D. (Coroner.)

May 5 6, 191... (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cemetery	May 6, 1916
20-UNDERTAKER	ADDRESS
Stefan J Kalkowski	1019 Kenwood ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94861

CERTIFICATE OF DEATH.

x 109 C94861

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. John S Billopp

(Residence in Baltimore: No. Church Home & Infirmary St.; ....yrs., ...mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 7 (Day), 18..?

7-AGE, 71 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman 956
(b) General nature of industry, business, or establishment in which employed (or employer)..... Monthly Journals

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Bank Baker

(Address) Singer Lane Waverly

15- Filed MAY 6 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to May 4 1916, that I saw him alive on May 4 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Post Operation Hemorrhage
(Senile Gangrene)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal Stenosis (probably)

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Maxwell Starr M. D.

May 5..., 1916. (Address) Church Home Bal. o.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Upper Marlboro Md.

19-PLACE OF BURIAL OR REMOVAL, Leland's Annex George C. M. DATE OF BURIAL, May 6, 191.6

20-UNDERTAKER J T E Stagher ADDRESS 17 S. Broadway.

Important.—See instructions on back of certificate.

W130

Spec.—8-24-14—M. & T.—2000 Bks.

C94862 HEALTH DEPARTMENT—CITY OF BALTIMORE C94862

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lewis

(Residence in Baltimore: No. 807 George St St.; ....yrs. 1 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1880 (Year)

7-AGE, 36 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Foreman Sft
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Horses (Race)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 3 1916, that I saw him alive on May 3 1916, and that death occurred, on the date stated above, at 4 10 p m.

The CAUSE OF DEATH* was as follows:

Aneurysm asc. arch of Aorta

..... (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Tracheal Obstruct

..... (Duration) ? yrs. ? mos. ? ds.

(Signed) C. R. Mason M. D.

May 4, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Pimlico Race Track

Former or usual residence 807 George St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 6, 1916
20-UNDERTAKER	ADDRESS
Samuel S. Hemsley	578 N. Eden

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94863

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94863

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. St.: 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Todd.

(Residence in Baltimore: No. 640 S. Potomac St.: 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 24, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Locomotive
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country), Newmarket. Va.

PARENTS.

10-NAME OF FATHER, Elia Todd

11-BIRTHPLACE OF FATHER (State or Country), York County, Va.

12-MAIDEN NAME OF MOTHER Lyssandia Mathews

13-BIRTHPLACE OF MOTHER (State or Country), York Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lloyd Todd

(Address) 640 S. Potomac St.

15- MAY 6 - 1916 HARRY C. ARNOLD

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1916, to May 5 1916, that I saw h[illegible] alive on May 5 1916, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland, ulcerated

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leo. A. Shay M. D.

5-5, 1916. (Address) Franklin Sq. Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 640 S. Potomac St.

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem. DATE OF BURIAL, May 8..., 1916.

20-UNDERTAKER Robert Brookes ADDRESS Oakland Hollins St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94864 C94864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. Franklin Sq Hos. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Brooks

(Residence in Baltimore: No. 420 N Calhoun St., Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Sept (Month) 4 (Day), 1907 (Year)

7-AGE: 8 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltic Md

PARENTS.

10-NAME OF FATHER: Noah S Brooks

11-BIRTHPLACE OF FATHER (State or Country): Clarksburg W Va

12-MAIDEN NAME OF MOTHER: Maud Nichols

13-BIRTHPLACE OF MOTHER (State or Country): Fairmont W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maud M Brooks

(Address) 420 N Calhoun St

15-

Filed MAY 6 - 1916, 191.. HARRY [illegible] ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 6 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to May 6 1916, that I saw her alive on May 6 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Shaw M. D.

May 6, 1916. (Address) Franklin Sq Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 11 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home.

Former or usual residence 420 N Calhoun.

19-PLACE OF BURIAL OR REMOVAL: FAIRMOUNT WVA — DATE OF BURIAL: May 7.., 1916.

20-UNDERTAKER: Robert Brookeson — ADDRESS: Hollins St

IMPORTANT. See instructions on back of certificate.

Spec.—8 24 14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94865

CERTIFICATE OF DEATH.

120 C94865

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Maryland Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Rice

(Residence in Baltimore: No. 2402 Maryland Ave St.; 32 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. W Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Feby 21 st., 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John D. Luttrell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Garner

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. G. Fuller

(Address) 2618 E. Baltimore St.

15- MAY 6 - 1916 HARRY C. ANDREWS
....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to May 4 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. McClellan Thomas M. D.

May 4, 1916 (Address) 330 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 6th, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 1201 W. Fayette

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94866

CERTIFICATE OF DEATH.

91

C94866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 W Baltimore ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C. Berger

Residence in Baltimore: No. 665 W. Baltimore St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 5th, 1850
(Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, August Lietz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Berger

(Address) 665 W. Baltimore St

15- MAY 6 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1916, to May 4 1916, that I saw her alive on May 4 1916, and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) J. M. Driscoll M. D.

May 5, 1916. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	May 7, 1916.
20-UNDERTAKER	ADDRESS
John L. Fields Son & Co	Lombard St

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94867

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94867

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E. Fayette ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah W. Warfield

(Residence in Baltimore: No. 2028 E. Fayette St.) 35 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 9 (Month) (Day), 1842 (Year)

7-AGE, 74 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), King William Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L. Warfield

(Address) 2028 E. Fayette

15-

Filed MAY 6 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 191 6, to May 4 191 6, that I saw h[illegible] alive on May 3 191 6, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) .....yrs. .....mos. .....ds.

(Signed) Wm H. Feathman M. D.

May 5, 191 6 (Address) 1121 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Philip Herring — ADDRESS 2016 Aliceanna

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94868 C94868

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Luzerne Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G. Medinger

(Residence in Baltimore: No. 123 N. Luzerne Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Sept. (Month) 3 19 (Day), 1834 (Year)

7-AGE, 81 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 65
(b) General nature of industry, business, or establishment in which employed (or employer)..... Butcher

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Gottlieb H. Medinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Edward Medinger

(Address) 123 N. Luzerne Ave

15-

Filed MAY 6 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 4 1916 that I saw him alive on May 2 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) One year mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) One yrs. mos. ds.

(Signed) C. E. Davis M. D.

May 4, 1916 (Address) 2000 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Balto Cem	May 6. 1916
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna

Important. See Instructions on back of certificate.

C94869

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C94869

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Cedar Ave ST.: 13th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Etta Lowe

(Residence in Baltimore: No. 2907 Cedar Ave St.; 21 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: June (Month) 6 (Day) 1894 (Year)

7-AGE: 21 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Operating Ever[illegible] Machine
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Duck Mill

9-BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10-NAME OF FATHER: John Henry Lowe

11-BIRTHPLACE OF FATHER (State or country): Richmond Va.

12-MAIDEN NAME OF MOTHER: Ella Tolson

13-BIRTHPLACE OF MOTHER (State or country): Staton Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John D Lowe

(Address) 2907 Cedar Ave

MAY 6 - 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1915, to, May 4 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Malnutrition Exhaustion
Toxemia

(Duration) ..... yrs. 7 mos. ..... ds.

Contributory (SECONDARY) Pulmonary tuberculosis

(Duration) 1 yrs. 6 mos. ..... ds.

(Signed) Vernon J Kelly M.D.

May 4, 1916 [Address] 39 E. Lee Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Mary's (Hampden) DATE OF BURIAL: May 7, 1916

20-UNDERTAKER: Horace Burgerdon ADDRESS: 363 Falls Road

TION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94870 C94870

CERTIFICATE OF DEATH.

37 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Asy. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine White

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, November 28, 1915.
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents Inf. Asylum

(Address) 1401 Division St

15 Filed MAY 6 - 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to May 4th 1916, that I saw her alive on May 4th 1916, and that death occurred, on the date stated above, at 9.00 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Warfield M. D.

May 5, 1916. (Address) 1379 William H

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 7 ds. In the State yrs. 5 mos. 7 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 6 1916

20-UNDERTAKER Martin Lakey & Sons ADDRESS 606 Lafayette Ave

Cem

Important. See instructions on back of certificate.

C94871

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94871

CERTIFICATE OF DEATH

79

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1253 E. North Ave St. 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Georgia M Hopper

Residence in Baltimore: No. 1253 E North Ave St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: Nov. 22, 1854 (Month) (Day) (Year)

7. AGE: 61 yrs. 5 mos. 12 ds. If LESS than 1 day, 17 hrs. or 40 min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse.
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Baltimore Co. Md.

PARENTS

10. NAME OF FATHER: William Hurtt.

11. BIRTHPLACE OF FATHER (State or country): Balt Co. Md.

12. MAIDEN NAME OF MOTHER: Lyda McCubbin

13. BIRTHPLACE OF MOTHER (State or country): Balto Co. Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chauncey D. Hopper

(Address) 2005 Cecil Ave.

15. Filed MAY 6 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1916, to May 4, 1916, that I saw h— alive on May 4, 1916, and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Arterial Stenosis.

(Duration) yrs. 3 mos. — ds

Contributory (SECONDARY) Exhaustion Hemorrhage

(Duration) — yrs. — mos. — ds.

(Signed) Geo. E. Young M. D.

May 4, 1916 (Address) 1531 E North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: May 8, 1916

20. UNDERTAKER: Jas E Cook — ADDRESS: 603 W Balto St

N. B.—Every item of information should be given as carefully and completely as it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 104 C94872

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jay Brannan

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos.,/ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Chas. Brannan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie Biddison

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 5 1916, that I saw h.. alive on May 5 1916, and that death occurred, on the date stated above, at 10 05 a.m.

The CAUSE OF DEATH* was as follows:

Acute intestinal indigestion

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration) ....yrs. ....mos. ? ds.

(Signed) Gilbert W. Rosenthal M. D.

May 5, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3604 Foster Ave

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. Hayward Co

DATE OF BURIAL, May 7th, 1916

20-UNDERTAKER Lilly & Zeh

ADDRESS 4038 Wolfe St

Important. See instructions on back of certificate.

C94873

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C94873

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1805 W. Pratt ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Louis Engelbach

(Residence in Baltimore: No. 1805 W Pratt St Sr.: 39 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	married

6 DATE OF BIRTH: March 3 (Month) 3 (Day), 1860 (Year)

7 AGE: 56 yrs. 2 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baker 314
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Louis Engelbach

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Engelbach

(Address) 1805 W. Pratt St

15 MAY 6 - 1916 Filed ....., 491

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 6 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 6th, 1916, to May 5th 1916, that I saw him alive on May 4th, 1916, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs & Larynx.

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), John Haff M. D.

May 6, 1916. (Address) 1843 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Wilson Cemetery — DATE OF BURIAL: May 7, 1916

20 UNDERTAKER: Harry A. Witzke — ADDRESS: 1531 W. Lombard St

N. B.—Every item of information should be carefully supplied. Add state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94874

C94874

CERTIFICATE OF DEATH.

37

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Bloomingdale Road 16 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Bula Hutchison

(Residence in Baltimore: No. 1208 Bloomingdale Road St.; 7 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feb 14th, 1883.
(Month) (Day) (Year)

7-AGE, 33 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Sam Stutts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Bernard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Hutchison

(Address) 1208 Bloomingdale Road

15- Filed MAY 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1916, to May 5th 1916, that I saw h[illegible] alive on May 4th 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cause

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ethel R Hitchcock M. D.

May 6th, 1916. (Address) 1330 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 6th, 1916.

20-UNDERTAKER John A Moran ADDRESS Bank & Lanvale Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94875

CERTIFICATE OF DEATH.

28 C94875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Mc Elderry ST.: 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dabney Noel

(Residence in Baltimore: No. 1433 Mc Elderry St.: 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	a-ai	Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sexton 835
(b) General nature of industry, business, or establishment in which employed (or employer) at Baptist Church

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Timothy Noel

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Lester Jr. Noel

(Address) 1433 Mc Elderry St

15- Filed MAY 6 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1916, to May 4 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above, at 8:20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Abdominal Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) R. K. Bunce M. D.

May 5, 1916 (Address) 611 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion cemetery — DATE OF BURIAL, May 8..., 1916.

20-UNDERTAKER R. E. Gross — ADDRESS 1405 Mc Elderry St

Important. See instructions on back of certificate.

C94876

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

67 C94876

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 William ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rev Thomas Love

(Residence in Baltimore: No. 1412 William St.: 45 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 26 (Day), 1844 (Year)

7 AGE: 72 yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Methodist
(b) General nature of industry, business, or establishment in which employed (or employer): Minister

9 BIRTHPLACE (State or country): England

PARENTS

10 NAME OF FATHER: Benj Love

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Eliz Dinsmay

13 BIRTHPLACE OF MOTHER (State or country): England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Love

(Address) 1412 William St.

15 Filed MAY 6 - 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 31 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1914, to May 31st 1916.
that I saw him alive on May 2nd 1916.
and that death occurred, on the date stated above, at 7A m.
The CAUSE OF DEATH* was as follows:

Arteria Sclerosis + Pneu

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. H. Hayden M. D.

May 5, 1916 (Address) 1425 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 8, 1916

20 UNDERTAKER: Jos. L. Fahey & Sons — ADDRESS: 13 Bright

N. B.—Every item of information should be given as accurately as possible. Any blank left should be explained. Write plainly in ink. Do not abbreviate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94877

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94877

CERTIFICATE OF DEATH.

29

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirm St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Alfred Clatchey

(Residence in Baltimore: No. 2317 Orem St. St.; 34 yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, ... Jan. (Month) ..... 18 (Day), 1882 (Year)

7-AGE, ... 34 yrs. 3 mos. 17 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Alfred Clatchey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jane Stransberger

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Stransberger

(Address) 2317 Orem St.

15- MAY 6 - 1916 MARY E. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to May 5 1916, that I saw h.. alive on May 5 1916, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency and Mitral Insufficiency

..... (Duration) ..... yrs. 4½ (?) mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Burns S. Chaffee M. D.

May 6, 1916. (Address) Marion Park Infirm.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2317 Orem St

19-PLACE OF BURIAL OR REMOVAL, U.S. National Cemetery — DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Tom Cook — ADDRESS 532 W. North Ave. Baltimore

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94878 C94878

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Gen'l Hosp. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Bryan.

(Residence in Baltimore: No. 1532 Williams St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, May 4, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Talbott Co Md

PARENTS.

10-NAME OF FATHER, Jno. Seymour

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Seymour

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Janet Bryan

(Address) 1532 Williams St

15- MAY 6 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 6 1916, that I saw her alive on May 5 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia, Lobar, Septic Lesions.

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Wm. [illegible] M. D.

May 6, 1916. (Address) 1532 Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1532 Williams St

19-PLACE OF BURIAL OR REMOVAL, Talbott Co Md

DATE OF BURIAL, May 8....., 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Northave

important. See instructions on back of certificate.

Spec.—4-24-14—M. & T.—2500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94879 × 129 C94879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital REGISTERED No. C

CITY OF BALTIMORE: (NO. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Annie L Gerwig

(Residence in Baltimore: No. Catonsville, md St.; 47 yrs., 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 30 (Day), 1868 (Year)

7-AGE, 47 yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Catonsville, Md

PARENTS.

10-NAME OF FATHER, Mr. William Gerwig

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Ruff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Hendricks

(Address) Woman's Hosp.

15- MAY 6 - 1916 Filed....., 191..... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 191 6, to May 5 1916, that I saw her alive on May 5 191 6, and that death occurred, on the date stated above, at 10:40 P.M.

The CAUSE OF DEATH* was as follows:

Empyema Uteris with Femoral Phlebitis (Left.)

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Post-Operative Shock 5-hrs

(Duration) yrs. mos. ds.

(Signed) A. P. Jones M. D.

May 5, 1916. (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ½ ds. In the State 47 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Catonsville Md.

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, 5-8-, 1916

20-UNDERTAKER H. W. Jenkins Sons Co ADDRESS Orchard nr Calhoun

Important. See instructions on back of certificate.

C94880

HEALTH DEPARTMENT—CITY OF BALTIMORE

X109 C94880

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bradley & Sellman Sanatorium 2724 N. Charles St. St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Brinda

(Residence in Baltimore: No. Bradley & Sellman Sanitorium St.: yrs. mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): married

6-DATE OF BIRTH: May 15, 1864 (Month) (Day) (Year)

7-AGE: 51 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 044

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Frederick Brinda

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Augusta Brinda

(Address) Towson Md.

15-MAY 6 - 1916 Filed ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 3, 1916, that I saw h[illegible] alive on May 3, 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Volvulus of ileum, Gangrene
Laparotomy followed by fatal Shock (Duration) ..... yrs. ..... mos. 1½ ds

Contributory (SECONDARY) Hypertrophied prostate gland (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. B. Sellman M. D.

May 3, 1916 (Address) 56 Bidle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1½ ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? home

Former or usual residence Southern Ave Towson Md

19-PLACE OF BURIAL OR REMOVAL: St. John Cemetery

DATE OF BURIAL: May 7th, 1916

20-UNDERTAKER: Frederick Lauchheimer & Sons

ADDRESS: Fullerton Md

R. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94881

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94881

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Banks

(Residence in Baltimore: No. 2114 Druidwood St.; ...yrs., ...mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April 10th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 25 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Percy H. Banks

11-BIRTHPLACE OF FATHER (State or Country) Franklin N. Y.

12-MAIDEN NAME OF MOTHER Imlfud Dorsett

13-BIRTHPLACE OF MOTHER (State or Country), N Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Percy H. Banks

(Address) 2114 N. Smallwood St

15- MAY 6 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 5 1916, that I saw h.. alive on May 5 1916 and that death occurred, on the date stated above, at 11.00 P m.

The CAUSE OF DEATH* was as follows:

Edward Obstruction
(Partial)
(Duration) Days yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward E. Smith M. D.

May 6, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2114 Smallwood St.

Former or usual residence 2114 Smallwood St.

19-PLACE OF BURIAL OR REMOVAL, Peekskill. N York

DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Mulberry ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94882 C94882

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3142 Strickland ST.) 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Margroff

(Residence in Baltimore: No. 3142 Strickland St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 27, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Yards

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Margroff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Margroff

(Address) 3142 Strickland St

15- Filed MAY 6 - 1916, 191.... HARRY C. ANDREWS Buying Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1 1916, to May 5 1916, that I saw him alive on May 5 1916, and that death occurred, on the date stated above, at 9.30 Pm.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Howard Jones M. D.

May 6., 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, May 7., 1916.

20-UNDERTAKER Lombard — ADDRESS 102 E. Pratt

important. See instructions on back of certificate.

C94883

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1310 N Wood yer St

CITY OF BALTIMORE (No. 15 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Smallwood

(Residence in Baltimore: No. 1310 N Wood yer St.; 6 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.)
Female	Blk	Single

6-DATE OF BIRTH, 22 nd March 1865
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
51 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 676
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Elie Smallwood

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Brent

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frankie

(Address) 1310 N Woodyer

15 MAY 7 - 1916 HARRY C. ANDE...

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
.....find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Paralysis

Do not know (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) ....yrs. ....mos. ....ds.

(Signed) H H Wellshear M. D.
(Coroner)

May 6, 1916. (Address) 1924 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 7 1916
20-UNDERTAKER James H Dunn	ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94884

CERTIFICATE OF DEATH.

168 C94884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mahmenaum Genl Hospital St. 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Ellen Crawford

(Residence in Baltimore: No. 1732 N. Fulton Ave. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 26 (Day), 1885 (Year)

7-AGE, 30 yrs. 9 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Quantico. Md

PARENTS.

10-NAME OF FATHER, Vincent Moore

11-BIRTHPLACE OF FATHER (State or Country) Quantico. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Gordy

13-BIRTHPLACE OF MOTHER (State or Country) Quantico Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. N. Crawford

(Address) 1132 N. North Ave

15- MAY 7 - 1916 Filed, 191

HARRY T. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 6th 1916, that I saw her alive on May 5th 1916, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH* was as follows:

Acute Appendicitis
(Appendix ruptured)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 2 ds.

(Signed) O. N. Duvall M. D.

May 6, 1916 (Address) 1817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1732 N Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Harry W. Ehlen ADDRESS 1900 W. North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94885

CERTIFICATE OF DEATH

79

C94885

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1713 Latrobe St. St.: 17 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles R. Brown
1713 Latrobe St

(Residence in Baltimore: No. Living in Baltimore about 19yrs - at abv address St.: 1 yrs. about mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6 DATE OF BIRTH: Sept (Month) 6 (Day), 1880 (Year)

7 AGE: 35 yrs. 7 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman 875
(b) General nature of industry, business, or establishment in which employed (or employer): Riding. Academy Livery Stable and Stables

9 BIRTHPLACE (State or country): Columbia S.C.

PARENTS

10 NAME OF FATHER: Riley Brown

11 BIRTHPLACE OF FATHER (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Brown

(Address) 1713 Latrobe St

Filed MAY 7 - 1916, 191

HARRY C. ARDINIS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25th, 1916, to May 4th 1916, that I saw h.. alive on May 3rd, 1916, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Broken Cardiac Compensation occurring in the course of an old Aortic Insufficiency complicated in addition by an acute Nephritis & a hemiplegia occurring about 4 days before death (Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY) Aortic Insufficiency (Duration) — yrs. — mos. — ds.

(Signed) Wm. A. Sibley M. D.

May 5th, 1916 (Address) 211 Professional Bldg Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn	May 7, 1916

20 UNDERTAKER	ADDRESS
Samuel T. Hemsley	578 W. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE DAY state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94886

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94886

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Hahnemann Gen Hosp ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Roberts

(Residence in Baltimore: No. 411 N Vincent St , St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) widowed

6-DATE OF BIRTH, unknown (Month) 1X (Day) (Year)

7-AGE, 69 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE.

(Informant) Hester Porter

(Address) 411 N Vincent St

15-

Filed MAY 7 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 11 1916, to May 6 1916, that I saw h[illegible] alive on May 6 1916, and that death occurred, on the date stated above, at 1135 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. 1 mos. 26 ds.

CONTRIBUTORY (Secondary) Arterial hemorrhage

(Duration) — yrs. — mos. — ds.

(Signed) W. Johns A. Evans, M. D.

May 7, 1916 (Address) 101 W. Cary St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. 1 mos. 26 ds. In the State \ yrs. \ mos. \ ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 411 N. Vincent St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 8th, 191...
20-UNDERTAKER	ADDRESS
Barnes & Wright	Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94887

HEALTH DEPARTMENT—CITY OF BALTIMORE

142 C94887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Greenmount St., on 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Horn

(Residence in Baltimore: No. 2405. Greenmount ave. 25 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 8. (Day), 1832 (Year)

7-AGE, 84 yrs. - mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Jamestsville Md

PARENTS.

10-NAME OF FATHER, Jacob Gross

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Horn

(Address) 2405 Greenmount ave

15. MAY 7 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to May 4 1916, that I saw her alive on May 3rd 1916, and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

..... (Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Fahs M. D.

May 5. 1916 (Address) 1726 E 22 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, May 7., 1916

20-UNDERTAKER Williams Cook — ADDRESS 502 E North ave

important. See instructions on back of certificate.

C94888

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94888

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1000 S. Caroline ST.: 3 WARD)

REGISTERED No. C. 184

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa K. Brown

(Residence in Baltimore: No. 1000 S. Caroline St.; 9 yrs., 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 24, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry A Dorris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Wilhelmina Wilhelm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph H. Brown

(Address) Fort Howard Md

15- Filed MAY 7 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia Septicemia

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Abortion

(Duration) ..... yrs. ..... mos. ..... ds.

Caused by some person unknown

(Signed) Henry Lyon Amoss M. D.
(Coroner.)

May 6, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cemetary

DATE OF BURIAL, May 7/16, 19....

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94889 64 C94889

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Guilford Ave ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles S. Read

(Residence in Baltimore: No. 1823 Guilford Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 6 (Day), 1850 (Year)

7-AGE, 66 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oil merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Read

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Merritt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah R. Read

(Address) 1823 Guilford Ave

15- MAY 7 - 1916 HARRY C. ANDREWS
Filed....., 191.....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 190..., to May 6th 1916, that I saw him alive on May 6 1916, and that death occurred, on the date stated above, at 5.15 a m.

The CAUSE OF DEATH* was as follows:

Paralysis entire left side
Cerebral Hemorrhage
5 hours
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis
(Duration).....yrs. 6 mos.....ds.

(Signed) C. S. Gabriel M. D.

May 6, 1916. (Address) 2413 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs.... mos.... ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	May 9, 1916.
20-UNDERTAKER	ADDRESS
Wm J Jefferson Son	Baltimore

important. See instructions on back of certificate.

713

C94890

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94890

CERTIFICATE OF DEATH

92

PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1721 N Lafayette Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Cox

(Residence in Baltimore: No. 1721 N. Lafayette a St. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: July 16th, 1855 (Month) (Day) (Year)

7-AGE: 60 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cashier + Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Gaylord & Thom Co

9-BIRTHPLACE (State or country): Balto Co Md

PARENTS

10-NAME OF FATHER: Benj W. Cox

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ellanna Thomas

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nellie Cox

(Address) 1721 N Lafayette Ave

15-Filed MAY 7 - 1916, 191 ..... Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1916, to date of death 1916

that I saw him alive on May 5th, 1916,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Death was the result
of Lobar-Pneumonia of about
+40 hours (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. L. Davis M. D.

May 6, 1916 (Address) 824 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 8th 1916

20-UNDERTAKER: Sullivan Cox

ADDRESS: 1725 N Lafayette Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94891 C94891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Joseph S. Baldwin

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 1, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Cornelius C. Baldwin

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margaret Paxton

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Registered MAY 7 1916

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1916, to May 6 1916, that I saw h[illegible] alive on May 6 1916, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Papilloma of Bladder,
Double Pyonephrosis.
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) William Sharp M. D.

May 6, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 11 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Frederick Md

19-PLACE OF BURIAL OR REMOVAL, Glencoe Md — DATE OF BURIAL, May 7, 1916

20-UNDERTAKER Edw Roy Steffey — ADDRESS 544 W 36th

important. See instructions on back of certificate.

C94892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168

C94892

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3109 Gilmor St ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Norman

(Residence in Baltimore: No. 3109 Gilmor St

St.: yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 4, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Harry C. Andrews

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lenny

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas M. Norman

(Address) 3109 Gilmor St

15- FILED MAY 7 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental
Asphyxia
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Caused by mother while asleep.
(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Schmidt Jr. M. D.
(Coroner.)

May 7, 1916. (Address) 1600 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cem. DATE OF BURIAL, May 8th, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94893 48 C94893

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Myrtle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella D. Taylor

(Residence in Baltimore: No. 1213 Myrtle Ave St.; 43 yrs. 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Feminine	White	Single

6-DATE OF BIRTH. October (Month) 9th (Day) 1872 (Year)

7-AGE. 43 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helped at Home
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto. City Md

PARENTS.

10-NAME OF FATHER, Saml. G. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md

12-MAIDEN NAME OF MOTHER Sarah J. Stinson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland Co. Tyrone.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Stinson

(Address) 1213 Myrtle ave

15- Filed MAY 7 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan., 1916, to May 5 1916, that I saw h-r alive on four days before 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Complication of Diseases (a) Chronic Interstitial

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) 2 yrs. mos. ds.

(Signed) John Hook M. D.

May 6..., 1916. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 8..., 1916

20-UNDERTAKER McLean-Jones ADDRESS 833 Linden Ave.

important. See instructions on back of certificate.

G 2965 10c

Spec.—3-24-14—M. & T.—2000 Blks.

C94894 HEALTH DEPARTMENT—CITY OF BALTIMORE C94894

50

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Hull ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Boring

(Residence in Baltimore: No. 1436 Hull St. 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb 9, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) St. Mary's Co. Md

PARENTS.

10-NAME OF FATHER. Wm. Wheatley

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Armsworth

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Boring

(Address) 1436 Hull St

15 MAY 7 - 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 3 1916, to May 6 1916, that I saw h[er] alive on May 5 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Same

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm E Stiffler M. D.

May 5, 1916 (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Grayson's, St. Mary's Co., Md

DATE OF BURIAL, May 8, 1916.

20-UNDERTAKER P. F. M. D. Flynn

ADDRESS 1452 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C94895

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94895

CERTIFICATE OF DEATH.

REGISTERED NO. C 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4130 Walnut ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Daughterty

(Residence in Baltimore: No. 4130 Walnut Av St.; 4 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Jan 31, 1912 (Month) (Day) (Year)

7-AGE, 4 yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Wm Daughterty

11-BIRTHPLACE OF FATHER (State or Country), Balt.

12-MAIDEN NAME OF MOTHER Amelia Schlosser

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Daughterty

(Address) 4130 Walnut Av

15- MAY 7 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6., 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1916, to May 6 1916

that I saw her alive on May 6 1916

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as followa:

Scarlet Fever

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard Jones M. D.

May 6, 1916 (Address) 222 Augusta Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL. May 7th, 191 6.

20-UNDERTAKER H. L. Flynn — ADDRESS 1422 Light St

7 P M — Buried 4 P M

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94896 C94896

170

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 Kenseth, ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margarite Miller

(Residence in Baltimore: No. 1505 Kenseth St.; 10 yrs. = mos. = ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 22 (Day), 1863 (Year)

7-AGE: 52 yrs. 10 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Louis Schleizer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Miller Son

(Address) 2012 Ridgewood Ave

MAY 7 - 1916
Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1915, to May 7 1916 that I saw h-er alive on May 7, 1916, and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Mitral Regurgitation

(Duration) 2 yrs. 7 mos. ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) yrs. mos. 15 ds.

(Signed) Ga Pfuede M. D.

May 6, 1916 (Address) 1530 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: May 8, 1916

20-UNDERTAKER: Daniel Easton — ADDRESS 916 Pa - ave

C94897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C94897

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 Dwight ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Klaticha Waskiewicz

(Residence in Baltimore: No. 508 Dwight St.; yrs., mos. 9 mds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, May 6, (Month) (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 9 mds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland (City)

PARENTS.

10-NAME OF FATHER, Phil Waskiewicz

11-BIRTHPLACE OF FATHER (State or Country). Europe

12-MAIDEN NAME OF MOTHER Garmichefska

13-BIRTHPLACE OF MOTHER (State or Country). Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sally Waskiewicz

(Address) 508 Dwight St

15-

Filed MAY 7 - 1916 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Weakness due to poorly developed Child as result of Low Birth

(Duration).....yrs.....mos. 9 mds.

CONTRIBUTORY (Secondary) Twin Birth

(Duration).....yrs.....mos.....ds.

(Signed) Benj. P. Smelser (Coroner.) M. D.

May 7, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, May 7, 1916

20-UNDERTAKER Wm. F. Kaufmann

ADDRESS 1618 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C94898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C94898

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Light St ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Burns

(Residence in Baltimore: No. 506 E. Fort Ave St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 16, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. — mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country) Green Hill Md.

PARENTS.

10-NAME OF FATHER, Levin Holston

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm M White

(Address) 829 Light St

15- Filed MAY 8 - 1916, 191... ROBERT, KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 5 1916, that I saw h.. alive on May 5 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
5 hours
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Senile debility
(Duration) ...yrs. ...mos. ...ds.

(Signed) W. H. Haussmann Each M. D.

May 5, 191.6 (Address) 831 S. Ex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, May 8 191.6

20-UNDERTAKER F. A. Kranal

ADDRESS 703 Hanover

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94899

CERTIFICATE OF DEATH.

28

C94899

1-PLACE OF DEATH 2702 Dillon Str.

CITY OF BALTIMORE: (No. 8 ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladislaw Chwiatkiewicz.

(Residence in Baltimore: No. 1915 Eastern Ave St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1867 (Year).

7-AGE, 48 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker #1
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop.

9-BIRTHPLACE, (State or Country), Russia Poland.

PARENTS.

10-NAME OF FATHER, Ksawery Chwiatkiewicz

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland.

12-MAIDEN NAME OF MOTHER Konstancya Rogulska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Chwiatkiewicz

(Address) 2702 Dillon

15- Filed MAY 8 - 1916, 191.... ROBERT KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 6th 1916, that I saw him alive on May 6th 1916, and that death occurred, on the date stated above, at 11 12 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Lungs.

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemmorrhage

(Duration) yrs. mos. 2 ds.

(Signed) Leon S. Horka M. D.

May 7....., 1916 (Address) 2633 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, May 9, 1916.

20-UNDERTAKER Wm Fiaskowski

ADDRESS 168 Eastern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94900 C94900

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S High ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Charles H. Schmidt

(Residence in Baltimore: No. 409 S High St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) married

6-DATE OF BIRTH, June 23, 1864
(Month) (Day) (Year)

7-AGE. 51 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Duker Lumber Co.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna A. Schmidt

(Address) 409 S. High St.

15-Filed MAY 8 - 1916, 191.. ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 6 1915, to May 5 1916, that I saw h[illegible] alive on May 4 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

(a) Primal Pneumonia
(b) Acute Bronchitis
(c) Senile Infirmities
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy & Exhaustion
(Duration) yrs. mos. 3 ds.

(Signed) Wm. L. Knabe M. D.

May 6, 1916. (Address) 1038 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity — DATE OF BURIAL, May 8, 1916

20-UNDERTAKER H. Sonder & Sons — ADDRESS 1710 Fleet St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Agnes E. Turner.

C94901

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94901

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 Presstman ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Elizabeth Turner

(Residence in Baltimore: No. 576 Presstman St.; ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, May (Month) 7 (Day), 1916 (Year)

7-AGE, ...yrs. —mos. —ds.

If LESS than 1 day, 2 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, John F. Turner

11-BIRTHPLACE OF FATHER (State or Country), Chas. Co. Md.

12-MAIDEN NAME OF MOTHER Eva Hooper

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Turner

(Address) 576 Presstman St.

15-MAY 8 - 1916 ROBERT , KRAUTH
Burial Permit Clerk
Filed....., 191.....
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 7 1916, that I saw her alive on May 7 1916, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth (6½ mo.)

30 min.

(Duration) —yrs. —mos. —ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCarthy M. D.

May 7, 1916 (Address) 706 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, G. L. Peters

DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Clarence L. Worthington

ADDRESS 736 Mary

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94902

CERTIFICATE OF DEATH.

91 C94902

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Brent ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Oliver Chittams

(Residence in Baltimore: No. 2022 Brent St. St.; ....yrs., ...mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April 19, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 18 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Chittam

11-BIRTHPLACE OF FATHER (State or Country), Prince Georges Co Md

12-MAIDEN NAME OF MOTHER Viola Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Chittam

(Address) 2022 Brent St.

15- Filed MAY 8 - 1916 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 7 1916, that I saw him alive on May 7 1916, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. William + Hy M. D.

May 7, 1916. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	May 8th, 1916.
20-UNDERTAKER Samuel E. Wright	ADDRESS 1364 Mary

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94903

CERTIFICATE OF DEATH.

92 C94903

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Reed.

(Residence in Baltimore: No. 905 Bevan St. St.: 20 yrs., — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 16, 1874
(Month) (Day) (Year)

7-AGE, 41 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Delaware.

PARENTS.

10-NAME OF FATHER, John Shaylans

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Emma Howard

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeiffer

(Address) Johns Hopkins Hosp

15. MAY 8 - 1916 Filed....., 191.....

ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 191 6, to May 7, 191 6
that I saw h.. alive on May 7 191 6,
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Acute Labar Pneumonia

(Duration) ... yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul K. Gloeckner M. D.

May 7, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 905 Bevan St.

19-PLACE OF BURIAL, OR REMOVAL, Trinity Cem — DATE OF BURIAL, 5.10....., 1916

20-UNDERTAKER Millain Cook — ADDRESS 502 E North

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

694904 HEALTH DEPARTMENT—CITY OF BALTIMORE 694904

CERTIFICATE OF DEATH.

8

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N Calvert ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ewald Simonat

(Residence in Baltimore: No. 222 N. Calvert St.; ....yrs. 7 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 1st (Day), 1915 (Year)

7-AGE, ...yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ludwig Simonat

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Goshefsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ludwig Simonat

(Address) 222 N Calvert St

15- MAY 8 1916 ROBERT , KRAUTER, 191. Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916 to May 5th 1916, that I saw h[illegible] alive on May 5th 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ....yrs. 2 mos. 10 ds.

(Signed) [signature] M. D.

May 6th 1916. (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cemetery — DATE OF BURIAL, May 8, 191...

20-UNDERTAKER Mary A. Wittke — ADDRESS 153 N. Eutaw St.

Spec.—5-19-13—M. & T.—500 Blks.

C94905 HEALTH DEPARTMENT—CITY OF BALTIMORE C94905

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Gough ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Belzner

(Residence in Baltimore: No. 1816 Gough St St.; 38 yrs., 6 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Oct. 23rd (Month) (Day), 1877 (Year)

7-AGE, 38 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm Stewart

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis L. Belzner

(Address) 1816 Gough St.

15- FILED MAY 8 1916 ROBERT J. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1915, to May 5 1916 that I saw her alive on May 5 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

(Duration) yrs. mos. 2 ds.

(Signed) Geo. Heller M. D.

May 5, 1916 (Address) 1917 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cem. DATE OF BURIAL, May 8, 1916

20-UNDERTAKER Lilly Zeiler ADDRESS 403 S. Wolfe St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

C94906 HEALTH DEPARTMENT—CITY OF BALTIMORE C94906

CERTIFICATE OF DEATH. 120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth L. Kose

(Residence in Baltimore: No. 302 S. Pulaski St.; Life yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 16 (Day), 1869 (Year)

7-AGE, 36 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas F Kose

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Frederika Schnelle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Koss

(Address) 302 S. Payson St

15- MAY 8 1916 191.... ROBERT . KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 5 1916, that I saw h.. alive on May 5 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Brights

(Duration) 1 yrs. ... mos. ... ds.

(Signed) J. J. O'Neill M. D.

May 6, 1916 (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 8th, 1916

20-UNDERTAKER J B Kappert

ADDRESS 728 Frederick Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94907 78 C94907

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Arlington Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Pearson

(Residence in Baltimore: No. 207 N. Arlington Ave St.; Wife yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year) .....

7-AGE 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Richard Pearson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Taylor

(Address) 207 N. Arlington Ave

15- MAY 8 1916 ROBERT . KRAUTER, Registrar Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 6th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1916, to May 6th 1916, that I saw her alive on May 6th 1916 and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) H. B. Haddock M. D.

May 8, 1916 (Address) 1111 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	May 9, 1916.
20-UNDERTAKER Charles B Jones	ADDRESS 50 Rogers

Cross out all words not necessary to be printed. Answer plainly in ink. Be sure and make all items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.: 17 WARD) 92 REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Melrose Holmes

(Residence in Baltimore: No. 1703 Latrobe St St.: 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer 022
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Williamson Holmes

(Address) Latrobe St

15. Filed MAY 8 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CAUSE OF DEATH must be plainly written, and all questions answered so far as possible. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 25 1916, to May 6 1916, that I saw him alive on May 6 1916, and that death occurred, on the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration)..... yrs..... mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) 2 yrs. ..... mos. 14 ds.

(Signed) Ernest H. G. Krieger M. D.

May 7, 1916 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 1703 Latrobe St

Former or usual residence 1703 Latrobe St.

19-PLACE OF BURIAL OR REMOVAL, Ladies Lorraine Mare Marb — DATE OF BURIAL, May. 8..., 1916.

20-UNDERTAKER Mrs Robert A Elliott — ADDRESS 506 Rogers Av

C94909 HEALTH DEPARTMENT--CITY OF BALTIMORE C94909

CERTIFICATE OF DEATH

10

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 423 Mott St. 5 ST.; WARD) REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Brown

(Residence in Baltimore: No. 423 Mott St.; 50 yrs. mos. ds.)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) (Day), 1865 (Year)

7-AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Sawyer 243
(b) General nature of industry, business, or establishment in which employed (or employer): Market.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flanna Brown

(Address) 423 Mott St

15 Filed MAY 8 - 1916 191 ROBERT . KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1916, to May 7th 1916, that I saw h-- alive on May 6th 1916, and that death occurred, on the date stated above, at 1305 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. 1 mos. 6 ds

Contributory (SECONDARY): Bronchopneumonia

(Duration) yrs. mos. 10 ds.

(Signed) P. E. Lilly M. D.

May 7th, 1916 (Address) 1st E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Leaners — DATE OF BURIAL: May 9, 1916.

20-UNDERTAKER: Mrs Robert A. Elliott — ADDRESS: 506 Rogers Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C94910

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94910

CERTIFICATE OF DEATH.

89

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 Druid Hill Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lee Fay

(Residence in Baltimore: No. 2340 Druid Hill Ave St.; ....yrs. 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 10th (Day), 1906 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 9 mos. 17 ds.	....hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael J Lee Fay

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Sutton.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael J Lee Fay

(Address) 2340 Druid Hill Ave

15- Filed MAY 8 - 1916 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 7th 1916, that I saw him alive on May 6th 11.11 A.M. 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

..... Cap illary Bronchitis

.....

.....

..... (Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) ..... Heart Exhaustion

..... (Duration) ....yrs. ....mos. 24 hours ds.

(Signed) ..... Wilmer Brinton ..... M. D.

March 8th, 1916 (Address) Calvert & Preston Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	May 9th, 1916

20-UNDERTAKER	ADDRESS
H. W. Gaulbach	1624 Mt. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94911 C94911

CERTIFICATE OF DEATH.

170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 W. Fay. ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm W. Davis

(Residence in Baltimore: No. 1121 W. Fay. ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, June 22d, 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
45 yrs. 10 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook 876
(b) General nature of industry, business, or establishment in which employed (or employer)..... Public

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Louis H. Davis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Wortley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther M. Davis

(Address) 1121 W. Fay. ave

15- MAY 8 - 1916 ROBERT , KRAUTH
Filed....., 191.... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5th 191 C, to May 6th 1916, that I saw h... alive on May 6th 1916, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) 2 yrs. ....mos. ....ds.

(Signed) A. Lee Ellis M. D.

5/8, 191.. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 8th, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94912

CERTIFICATE OF DEATH.

151

C94912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 N Washington St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

3-FULL NAME Leon Darago

(Residence in Baltimore: No. 1024 N. Washington St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, May (Month) 6 (Day), 1916 (Year)

7-AGE, ...yrs....mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 1024 N Washington

PARENTS.

10-NAME OF FATHER, Wm L Darago

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Irene McNeir

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Darago

(Address) 1024 N Washington St

15 MAY 8 - 1916 Filed....., 191... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 6 1916, that I saw h— alive on May 6 1916, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Two)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Congenital Weakness

(Duration)....yrs....mos....ds.

(Signed) J. F. Valentine M. D.

May 6, 1916 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, MAY 8 - 1916

20-UNDERTAKER Commissioner Health.

ADDRESS

Per. Wm. E. BOOBAR

Cremated

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94913

CERTIFICATE OF DEATH.

92 C94913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Homes Infirmary ST.) 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Scherf

Residence in Baltimore: No. 2221 Homewood Ave; 7 yrs., 11 mos. 8 ds.)
Died at Church Home and Infirmary

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write~~ the word.) Single

6-DATE OF BIRTH, May 29th, 1908.
(Month) (Day) (Year)

7-AGE, 7 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Fred. C. Scherf

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER May E. Michael

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred C. Scherf

(Address) 2223 Homewood Ave

MAY 8 - 1916

Filed....., 191.. ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to May 7 1916, that I saw him alive on May 7th 1916, and that death occurred, on the date stated above, at 4.20 Am.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
(migrans)
(Duration)...yrs...mos. 10 ds.

CONTRIBUTORY (Secondary) Empyema
(Duration)...yrs...mos. 6 ds.

(Signed) Horace M. Byers M. D.
May 7, 1916. (Address) Church Home Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2221 Homewood Ave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 9th, 1916

20-UNDERTAKER C. M. Mitchell & Co. — ADDRESS 220 W. Fayette

Directions for filling out this certificate are important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94914

CERTIFICATE OF DEATH

50

C94914

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2038 Linden Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank G. Hoopes

(Residence in Baltimore: No. 2038 Linden Ave St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. 13th (Month) (Day) 1863 (Year)

7 AGE: 52 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cooperage-Mfg
(b) General nature of industry, business, or establishment in which employed (or employer): 314

9 BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Edwin D. Hoopes

11 BIRTHPLACE OF FATHER (State or country): Balto. Co.

12 MAIDEN NAME OF MOTHER: Lucy B. Tyler

13 BIRTHPLACE OF MOTHER (State or country): Balto. City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. L. Hoopes

(Address) 2038 Linden Ave.

15 Filed MAY 8 - 1916, 191 ROBERT J. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1916, to May 7th 1916, that I saw h— alive on May 7th 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Myocarditis (Duration) 1 yrs. 1 mos. ds

Contributory (SECONDARY) Diabetes (Duration) 3 yrs. mos. ds.

(Signed) O K Jennings M. D.

May 8, 1916 (Address) 841 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine May — DATE OF BURIAL: 10th, 1916

20 UNDERTAKER: C. M. Mitchell & Co. — ADDRESS: 1124 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94915

CERTIFICATE OF DEATH.

102

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Guilford Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Griffith

(Residence in Baltimore: No. 1723 Guilford Ave St.; 4 yrs., - mos., - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 1st, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. Duvall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Flavilla Waters

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Flavilla W. Griffith

(Address) 1723 Guilford Ave

15- ROBERT , KRAUTER,
Filed MAY 8 - 1916 Burial Permit Clerk.
Registrar.

Check off the plain words and fill in any that are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to May 1916, that I saw her alive on May 6 1916, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer
Senile Inanition
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart failure
(Duration) yrs. mos. 1 ds.

(Signed) Wm. H. Duval M. D.

May 8, 1916 (Address) 2437 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Bowie, Md. DATE OF BURIAL, May 9th, 1916.

20-UNDERTAKER E. M. Mitchell + Co ADDRESS 2437 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94916 — C94916

CERTIFICATE OF DEATH. STILL 152

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lafayette Ave & John W ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Price Lightheart

(Residence in Baltimore: No. Woman's Hospital. St.; \ yrs. \ mos. 1 hr.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 8, (Month) (Day) 1916 (Year)

7-AGE, \ yrs. \ mos. \ ds. If LESS than 1 day, 1 hrs. or \ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas L. Lightheart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Pace

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thompson

(Address) Woman's Hospital

15- Filed MAY 8 1916 ROBERT , KRAUT Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1916, to 191—, that I saw h— alive on May 8 1916, and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

1 hr.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

( ) (Duration) yrs. mos. ds.

(Signed) John McE. Bergland M. D.

May 8, 1916. (Address) 4 W Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. \ ds. In the State \ yrs. \ mos. \ ds.?

Where was disease contracted, if not at place of death?

Former or usual residence Harwood Md

19-PLACE OF BURIAL OR REMOVAL, Davidsonville A. & C. Co. Md. DATE OF BURIAL, May 9, 1916.

20-UNDERTAKER E. M. McLeod & Co. ADDRESS 1201 W. Fayette

Give full information required by this certificate. Be careful to write plainly and to spell every word correctly. Every item is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94917

CERTIFICATE OF DEATH.

120 C94917

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 252 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Smith

(Residence in Baltimore: No. 252 S. Dallas St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles E. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Stephnie

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Jenkins

(Address) 21 S. Bethel St.

15-Filed MAY 8 - 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 7 1916, that I saw h[illegible] alive on May 7 1916, and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Burns M. D.

May 8, 1916 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	May 8, 1916
20-UNDERTAKER John W. Henderson	ADDRESS 317 Caroline

CAUSE OF DEATH must be plainly written, and all questions answered so far as possible. Every certificate is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94918

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94918

CERTIFICATE OF DEATH.

x 45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Armstrong

(Residence in Baltimore: No. Johns Hopkins Hosp St.; ....yrs.... mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 14, 1859.
(Month) (Day) (Year)

7-AGE, 57 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nat. Bk. Examiner
(b) General nature of industry, business, or establishment in which employed (or employer)..... 721

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Edw. Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Tenn.

12-MAIDEN NAME OF MOTHER Cordelia Rucy

13-BIRTHPLACE OF MOTHER (State or Country), Tenn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. Phelps.....

(Address)..... Johns Hopkins Hosp.

15- Filed MAY 8 - 1916, 191.... ROBERT . KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 23 1916, to May 8 1916, that I saw h.. alive on May 8 1916, and that death occurred, on the date stated above, at 7 50 a. m.

The CAUSE OF DEATH* was as follows:

New Growth in Head of Pancreas
Carcinoma
Operation
(Duration) 0 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Haemorrhage from mucous membranes (Duration) 0 yrs. 0 mos. 2 ds.

(Signed) Harvey K. Musser M. D.

May 8, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ✓ mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Knoxville Tenn.

19-PLACE OF BURIAL OR REMOVAL, Greenbrae Tenn. DATE OF BURIAL, May 9 6, 191....

20-UNDERTAKER Chas. F. Cross Sons ADDRESS 1811 W. Mt. Royal

CAUSE OF DEATH to be filled in plain terms, so that it may be properly important. See instructions on back of certificate.

Marian Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91919 — CERTIFICATE OF DEATH. — 104 — C91919

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 425 Sommerset St.: 5 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian Williams.

(Residence in Baltimore: No. 425 Sommerset St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Blk	Baby

6-DATE OF BIRTH, ... Nov. (Month) ..... 6 (Day), 1915 (Year)

7-AGE	If LESS than 1 day,
.....yrs. 5 mos. .....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Edna Kess

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Kess

(Address) 425 Sommerset

15- Filed ....., 191.... Registrar.

ROBERT . KRAUTER, Burial Permit Clerk.

MAY 8 - 1916

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Acute Indigestion

..... Gastro-enteritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. Knox Insley M. D.
(Coroner.)

May 8 1916. (Address) 425 Sommerset St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.,	May 8., 1916
20-UNDERTAKER	ADDRESS
Mrs J. G. Locks	1302 Jefferson ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Marie Sieber

Spec.—8-24-14—M. S. T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94920

CERTIFICATE OF DEATH.

170

C94920

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Sieber

(Residence in Baltimore: No. 950 Harlem ave St.; (yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month) (Day) 1856 (Year)

7-AGE: 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John Sieber

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret McDunn

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sieber

(Address) Parkville Balto. Co.

15-

Filed MAY 8 - 1916

ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 7, 1916, that I saw her alive on May 7, 1916, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Heart, Chronic Interstitial Nephritis and Hardening of Coronary Circulation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Elmer Hemsley M. D.

May 8, 1916 (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 950 Harlem ave

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL, May 9, 1916

20-UNDERTAKER: H. Sander & Sons — ADDRESS 1700 Flint

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. Every question must be answered if possible. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 are important. See instructions on back of certificate.

C94921

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C94921

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1063 N. Gay St. 8 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Orth

(Residence in Baltimore: No. 1063 N. Gay St.; 70 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept (Month) 19 (Day), 1838 (Year)

7-AGE: 77 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Adam Nily

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Orth

(Address) 1063 N. Gay st

15. MAY 8 - 1916

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1916, to. May 7 1916, that I saw h.r alive on May 6, 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Left apex)

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Hyde M. D.

May 8, 1916. (Address) 1014 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 9, 1916

UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond st

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94922 C94922

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Bradford St.; 7 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonie Rezek

(Residence in Baltimore: No. 804 N Bradford St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH, June 7, 1859.
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Bohemia

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Hemplett

(Address) 804 N. Bradford

15- Filed MAY 8 - 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 5 1916, that I saw h[er] alive on May 5 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Kraus M. D.

May 6, 1916. (Address) 208 S Leand

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cemetery

DATE OF BURIAL, May 10, 1916.

20-UNDERTAKER William Cook

ADDRESS 602 E North Ave.

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Each statement of occupation is very important. See instructions on back of certificate.

C94923

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 758 St Peter ST.: 21 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Agnes Gunning

(Residence in Baltimore: No. 758 St Peter St. St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct. 7, 1857 (Month) (Day) (Year)

7-AGE, 58 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Hasty.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Osborn

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew J. Gunning

(Address) 758 St. Peter st

15- MAY 8 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

May 7, 1916 (Address) 312 St Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. dr. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery Anapolis Md. DATE OF BURIAL, May 9 1916

20-UNDERTAKER, James Tegman & Son ADDRESS 1000 S Paca St

Spec.—5-19-13—M. & T.—500 Bks.

C94924

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91924

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Lowman ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise ~~Rice~~ Rice

(Residence in Baltimore: No. 1419 Lowman St ... St.; 2 yrs., 9 mos., 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W Cole	Single

6-DATE OF BIRTH, Aug 17, 1913 (Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William H Rice

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Lillie M Wildes

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Rice

(Address) 1419 Lowman St

15- Filed MAY 8 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 25 1916, to May 7 1916, that I saw h[illegible] alive on May 7 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Maurice Jones M. D.

May 8, 1916. (Address) 423 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt Olivet Cem	May 9, 1916.
20-UNDERTAKER	ADDRESS
Wm. J. E. Evans & Sons	1425 & 1427 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94925

CERTIFICATE OF DEATH.

62 C94925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 N Potomac ST.; 1 WARD)

2-FULL NAME James A McKay.

(Residence in Baltimore: No. 1002 N Potomac St. St.; 5/12 yrs., mos. ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 13, 1878 (Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Constable
(b) General nature of industry, business, or establishment in which employed (or employer): 71

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, George McKay

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Bridget Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget McKay

(Address) 1002 N Potomac St.

15- MAY 8 - 1916 Filed....., 191.... HARRY C. ANDREWS, Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of each cause important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to May 5 1916, that I saw h— alive on May 5 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) N. P. Tatlow M. D.

May 7, 1916 (Address) 3036 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick's — DATE OF BURIAL, May 9th, 1916

20-UNDERTAKER John C Moran — ADDRESS Bank & Caroline

C94926 HEALTH DEPARTMENT—CITY OF BALTIMORE C94926

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 203 W. Montgomery ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Boone C.

(Residence in Baltimore: No. 203 W Montgomery St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Howard Boone C

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md.

12-MAIDEN NAME OF MOTHER, Eleanor Wallace C

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor Wallace C (mother)

(Address) 203 W Montgomery St

15- MAY 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas M Kemler M. D. (Coroner.)

May 6, 1916. (Address) 1017 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn St — DATE OF BURIAL, May 8, 1916

20-UNDERTAKER J. W. Brown & Son — ADDRESS 108 W. Madison

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94927

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94927

CERTIFICATE OF DEATH.

* 74

REGISTERED No. C

2-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME William P. Guthrie

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. July (Month) 27 (Day) 1859 (Year)

7-AGE, 56 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Merchandising 63

9-BIRTHPLACE, (State or Country), Kentucky

PARENTS.

10-NAME OF FATHER, Wm. P. Guthrie

11-BIRTHPLACE OF FATHER (State or Country), Ky.

12-MAIDEN NAME OF MOTHER Mildred Woods

13-BIRTHPLACE OF MOTHER (State or Country), Ky

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- Filed MAY 8 - 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1916, to May 8 1916, that I saw h.m alive on May 8 1916, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Lesion (Hypophysis)
Acromegaly

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W E Brady M. D.

May 8, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 13 ds. In the State ✓ yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Mt Sterling Ky

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Sterling Ky	May 9, 1916.
20-UNDERTAKER	ADDRESS
Elliott & Fuller	231 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94928 C94928

CERTIFICATE OF DEATH.

REGISTERED No. C 1053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincent Conv ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Eccles

Residence in Baltimore: No. St. Vincents Conv St. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept. (Month) 10 (Day), 1827 (Year)

7-AGE,	If LESS than 1 day,
88 yrs. 7 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Schmidt.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Zeck

(Address) St. Vincents Conv

15 MAY 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to April 7 1916, that I saw h[illegible] alive on April 7th 1916, and that death occurred, on the date stated above, at 11.55 A. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Endocarditis

(b)

(c)

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Exhaustion

(Duration) yrs. mos. ds.

(Signed) Chas. F. Elliott M. D.

May 7 1916 (Address) 1419 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, May 9, 1916

20-UNDERTAKER Lilly & Zeh ADDRESS 4038 Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94929

CERTIFICATE OF DEATH.

170

C94929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Battery ave. St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Murray

(Residence in Baltimore: No. 902 Battery ave. St.; 45 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 24, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Police Officer

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Hugh Murray

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Butler

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Murray

(Address) 902 Battery ave

15-MAY 8 - 1916

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15th 1916, to May 6th 1916, that I saw h[illegible] alive on May 6th 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) T. J. O'Donnell M. D.

May 8, 191.., (Address) 16 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 9th, 191..

20-UNDERTAKER P. A. W. L. Kane

ADDRESS 1112 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94930

CERTIFICATE OF DEATH.

× 174

C94930

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Kelly

(Residence in Baltimore: No. St. Josephs Hospital St., Edmondson Ave. (or Ave.))

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	white.	Married

6-DATE OF BIRTH, April 12, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Conductor,
(b) General nature of industry, business, or establishment in which employed (or employer)..... R.R.

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Bernard Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ann Gallagher

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Kelly.

(Address) 3 N. 11th St.

15- FILED MAY 8 - 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Traumatism

Accidental fall down elevator shaft, C

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) John J. Knott Insley M. D.
(Coroner.)

May 8 1916. (Address) 11 E Lexington St.

*(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. In the State 44 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 3 N 11th St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, May 9, 1916

20-UNDERTAKER Jno A Moran — ADDRESS Bank & Amity

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94931

C94931

99

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 312 W. Mulberry ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Ramsay

(Residence in Baltimore: No. 312 W. Mulberry St.: 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: May (Month) 8th (Day), 1847 (Year)

7-AGE: 69 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John C Ramsay

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary A. Smith

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Ramsay

(Address) 312 W Mulberry St.

15- MAY 9 - 1916 Filed, 191 ROBERT . KRAUTER, Burial Permit (Clerk)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1916, to. May 8th 1916, that I saw him alive on May 6th, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Valvular disease of the Heart.

Dr in April 9th 1916

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), W. K. Gonzales M. D.

May 8th, 1916. (Address) 117 N. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: May 10, 1916

20-UNDERTAKER: Geo J Smith

ADDRESS 1000 Fayette W

Spec.—5-19-13—M. & T.—500 Blks.

C94932

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94932

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. East Ave. ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Haas

(Residence in Baltimore: No. 122 N. East Ave. St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 7 (Month) 19, 16 (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Robert D Haas

11-BIRTHPLACE OF FATHER (State or Country), Balto City.

12-MAIDEN NAME OF MOTHER Dorothy C Grunch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert D Haas

(Address) 122 N. East Ave.

15- MAY 9 - 1916 Filed ....., 191.... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 7 1916, that I saw h(im) alive on May 7 1916, and that death occurred, on the date stated above, at 1000 a m.

The CAUSE OF DEATH* was as follows:

..... Premature birth

..... caused by a Prematature birth

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Respiratory failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. G. Runk M. D.

May 8. 1916 (Address) 2000 E. Balt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, 5-9, 191.6

20-UNDERTAKER John Young — ADDRESS 1008 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. (Fact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94933

CERTIFICATE OF DEATH.

79 C94933

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 9 Sts. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Cook

(Residence in Baltimore: No. St. Joseph Hospital St.; 5 yrs., ... mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July 26, 1837.
(Month) (Day) (Year)

7-AGE, 78 yrs. 9 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Stude

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr. Cordula

(Address) St. Jos. Hospital

15. Filed MAY 9 - 1916, 191... ROBERT J. KRAUSER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 25 1916, to May 6 1916, that I saw h[illegible] alive on May 6 1916, and that death occurred, on the date stated above, at 11-15 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. H. McCullough M. D.

5/6/16, 191... (Address) St. Jos. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At place of death

Former or usual residence St. Joseph Hospital

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 9..., 1916.

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Chas. K. Burns.

C94931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C94934

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 n chapel st. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Nelson Burns

(Residence in Baltimore: No. 1013 n chapel st. St.; yrs., 4ft mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ..May.. (Month) ..6.. (Day), 1892 (Year)

7-AGE 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F Burns

11-BIRTHPLACE OF FATHER (State or Country), Dauphin Co.

12-MAIDEN NAME OF MOTHER, Mary Bardley

13-BIRTHPLACE OF MOTHER (State or Country), Dauphin Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Burns

(Address) 1013 Chapel st.

15- Filed MAY 9 - 1916 ROBERT . KRAUTER, Registrar. Per M.B. Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..May.. (Month) ..6.., 1916 (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..Inquest.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..Inquest.. (Inquest, autopsy or inquiry.) find that said deceased came to ..death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. Knox Insley M. D.
(Coroner.) 324 E. Baltimore
May 6 1916 (Address) 324 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ausbury Cemetery	May 8th, 1916.
20-UNDERTAKER John W. Owens	ADDRESS - 1222 Division St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIGURES should be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 llks.

C94935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C94935

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S. Ann ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Panzer

(Residence in Baltimore: No. 209 S. Ann St.; 57 yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb. (Month) 13 (Day), 1859 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 2 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Andrew Riedinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Rose

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Panzer

(Address) 209 S. Ann St.

15- MAY 9 - 1916 ROBERT , KRAUTER

Filed....., 191.... Clerk Permit Office

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to May 8th 1916, that I saw h[illegible] alive on May 6th 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Clinical Signs & X Ray Exam.
Carcinoma pyloric end
of the stomach
.....
..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. F. Rae M. D.

May 9th, 1916. (Address) 24 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	May 11, 1916
20-UNDERTAKER	ADDRESS
Jos. J. Hess 1914	E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91936

CERTIFICATE OF DEATH.

170

C91936

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 W Barre ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Janet C. Jones

(Residence in Baltimore: No. 630 W. Barre. St.; 74 yrs., ... mos. .... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 7th, 1841
(Month) (Day) (Year)

7-AGE, 74 yrs. 9 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Adam Rae.

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Elizabeth Murray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary I. McCreary

(Address) 630 W. Barre St.

MAY 9 - 1916 ROBERT KRAUTER,
Filed ..... 191 ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 1- 1916, to May 7 1916; that I saw h.. alive on May 7. 1916; and that death occurred, on the date stated above, at 3 p-m.

The CAUSE OF DEATH* was as follows:

Arthritis
Chronic Interstitial
(Duration) yrs. One mos. ds.
CONTRIBUTORY (Secondary) General Debility
(Duration) yrs. mos. ds.

(Signed) W. C. Fruilinger M. D.
5-8-16 191... (Address) 682 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 10, 1916

20-UNDERTAKER Lowe & Co — ADDRESS 503 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94937

REGISTERED No. C 94937

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 106 N. Lakewood ave ST.; 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Sollivan

(Residence in Baltimore: No. 106 N. Lakewood ave St.; 74 yrs. 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept. (Month) 27 (Day), 1839 (Year)

7-AGE: 74 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Thomas Kemp

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary J. Batton

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. F. Sollivan

(Address) 106 N. Lakewood ave

15. Filed MAY 9 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1916, to May 7 1916, that I saw h[illegible] alive on May 6, 1916, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Labor Eclampsia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Wallace M. D.

May 8, 1916 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: May 9, 1916

20-UNDERTAKER: Wm. E. Black ADDRESS: 922 N. Bowdy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94938 × 34 C94938

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hospital STR. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Dorsey

(Residence in Baltimore: No. Md. General Hospital St.; ..... yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Unknown ..... (Month) ..... (Day) ....., 1870 (Year)

7-AGE 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook. 876
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private Family

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... L. E. Dean .....

(Address) ..... Belair Md. .....

15- Filed MAY 9 - 1916, 191... ROBERT , KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... (Month) 7 ..... (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 29 1916, to May 7 1916, that I saw h m alive on May 7 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

..... Septicaemia .....

.....

.....

..... (Duration) ..... yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Tuberculosis

Osteomyelitis (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... L. E. Moses ..... M. D.

May 7, 1916. (Address) ..... Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 17 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Belair, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Belair Md	May 10, 1916
20-UNDERTAKER James Boyce	ADDRESS 514 Nelson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94939

CERTIFICATE OF DEATH.

x175 C94939

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank G. Gardner

(Residence ~~in Baltimore:~~ No. Annapolis Av. Mt Winans Baltimore St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, Probably 43 years 6 mos. 3-8 days ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 43
(b) General nature of industry, business, or establishment in which employed (or employer)..... Unknown

9-BIRTHPLACE, (State or Country), England ?

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Evans

(Address) 421 E. Camden

15- Filed MAY 9 - 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, ~~autopsy or inquiry.~~) thereon and from the evidence obtained by said Inquest (Inquest, ~~autopsy or inquiry.~~) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. of Skull
Caused by Falling from Car of United Railways Co. May 6-1916
Accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. J. Riley M. D.
(Coroner.)

May 7. 1916 (Address) 1639 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place ~~May~~ from ~~last~~ 3 days In the 6 years almost of death ~~injury~~ ....mos.....ds. State.....yrs.....mos.....ds.

Where was disease contracted, ~~if not~~ at place of death? Bay st. near Caudell st.

Former or usual residence Mt Winans Annapolis Av.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, May 9, 1916

20-UNDERTAKER Wm Fickus Son — ADDRESS North & Penna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94940 C94940

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Cooksey ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Loris

(Residence in Baltimore: No. 1435 Cooksey St.; 8 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1882 (Year)

7-AGE, 34 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Australia

PARENTS.

10-NAME OF FATHER, John Speck

11-BIRTHPLACE OF FATHER (State or Country), Australia

12-MAIDEN NAME OF MOTHER Catherene Loris

13-BIRTHPLACE OF MOTHER (State or Country), Australia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Phillip Loris

(Address) 1435 Cooksey St

15 Filed MAY 9 - 1916, 191.....

ROBERT , KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-1 1916, to 5-7 1916, that I saw h er alive on 5-8 1916, and that death occurred, on the date stated above, at 145 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculoses

..... (Duration) yrs. 7 mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) 2 yrs. mos. ds.

(Signed) ..... M. D.

5-9-, 191 6 (Address) 1227 a Ft Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Wales Holy Cross Burying

DATE OF BURIAL, May 11, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94941 C94941

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Welcome Alley ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Heylit.

(Residence in Baltimore: No. 108 Welcome Alley St.; — yrs., — mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH. 5 (Month) 3 (Day) 1916 (Year)

7-AGE. 0 yrs. 0 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Walter Lightford

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Carrie Knight

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAY 9 - 1916 ROBERT , KRAUTER,
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-3- 1916, to 5-6- 1916, that I saw h[illegible] alive on 5-5- 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ... yrs. ... mos. ... ds.

(Signed) Charles E. Sima M. D.

5-6-, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
UNIVERSITY OF MARYLAND.	MAY 6 - 1916, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

FOR STATISTICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94942

CERTIFICATE OF DEATH.

151

C94942

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 561 Mosher ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Floyd Nicholson

(Residence in Baltimore: No. 561 Mosher St

St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 18 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Floyd Nicholson

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md.

12-MAIDEN NAME OF MOTHER Jena Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. William Frey M.D

(Address) 1926 Penna Ave

15-Filed MAY 9 - 1916 ROBERT J. KRAUTER, Registrar. Special Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 6 1916, that I saw h.. alive on May 6 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

8 Months Baby

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) E. William Frey M. D.

May 6 1916 (Address) 1926 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

Commissioner of Health.

Per. Wm. H. Kendall

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND, MAY 8 - 1916
FOR ANATOMICAL PURPOSES.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94943 C94943

CERTIFICATE OF DEATH.

189

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 412 Courtland ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Annie Green

(Residence in Baltimore: No. 412 Courtland St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M.	Bl.	Single

6-DATE OF BIRTH, May 5, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. .....ds.

If LESS than 1 day, 7 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Annie Green

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Green

(Address) 412 Courtland

15-MAY 9 - 1916 Filed....., 191... ROBERT . KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) None

(Duration) .....yrs. .....mos. .....ds.

(Signed) C. J. Peters M. D.
(Coroner)

May 8, 1916 (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94944 C94944

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar M. Cannon

(Residence in Baltimore: No. 1835 Baker St.; — yrs., — mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 7th (Month) (Day), 1916 (Year)

7-AGE, — yrs. — mos. 1 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not Any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Oscar M. Cannon

11-BIRTHPLACE OF FATHER (State or Country), Chestertown Md

12-MAIDEN NAME OF MOTHER, Jessie Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ola Cannon

(Address) 1835 Baker St

MAY 9 - 1916 Filed....., 191.... ROBERT . KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1916, to May 8th 1916, that I saw him alive on May 1st 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumatosis

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY. (Secondary) Premature Rupture

(Duration) — yrs. — mos. — ds.

(Signed) Wm. H. Brumbaugh M. D.

May 8th 191.6 (Address) 1201 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
COLLEGE OF P. & S.	MAY 9 - 1916
20-UNDERTAKER Superintendent Health	ADDRESS

FOR ANATOMICAL PURPOSES

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94945 C94945

CERTIFICATE OF DEATH. [redacted]

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. ST.; 129 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dickenson

(Residence in Baltimore: No. 1727 Maryland Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	Black	Single

6-DATE OF BIRTH, Dec 26, 1915
(Month) (Day) (Year)

7-AGE, — yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Dickenson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) John Hopkins Hosp

15- Filed MAY 9 1916, 191.. ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23 1916, to May 6 1916, that I saw h[illegible] alive on May 6 1916, and that death occurred, on the date stated above, at 7.40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Rosenthal M. D.

May 2, 191.6 (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1727 Maryland Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	MAY 8 1916
20-UNDERTAKER [illegible] Health	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FOR ANATOMICAL PURPOSES

C94946

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94946

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1552 Clifton Ave ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Alder Jr

(Residence in Baltimore: No. 1552 Clifton Ave St.; 1 yrs. ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: April (Month) 21 (Day), 1915 (Year)

7 AGE: 1 yrs. 0 mos. 17 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Alder

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ida A. Fruchknecht

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Alder

(Address) 1552 Clifton ave

15 Filed MAY 9 - 1916 ROBERT . KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1916, to May 8 1916, that I saw him alive on May 5, 1916, and that death occurred, on the date stated above, at 3.15 A m.
The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) ... yrs. ... mos. 7 ds

Contributory (SECONDARY) Convulsions

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Fred B Jewett M. D.

May 9, 1916 (Address) 2516 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: May 8th 1916

20 UNDERTAKER: F B Kuppert | ADDRESS: 2738 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Blks

C94947

HEALTH DEPARTMENT—CITY OF BALTIMORE

154

C94947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged Peoples Home REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Baltimore & Payson ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Bozee

(Residence in Baltimore: No. N. E. Cor Baltimore & Payson St. St.: 11 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED.~~ (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 18 (Day), 1828 (Year)

7-AGE,	If LESS than 1 day,
88 yrs. 1 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Rendsburg Germany

PARENTS.

10-NAME OF FATHER, Peter Peters

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Christiana Lo

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore & Payson Sts

15- MAY 9 1916 Filed..... 191.... ROBERT J. KRAUTER, Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to May 7 1916, that I saw her alive on May 7 1916, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Senile debility

..... (Duration) .....yrs. unknown mos. .....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) F. W. Kobelmann M. D.

May 8, 1916. (Address) 1908 N. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	May 10, 1916
20-UNDERTAKER J. B. Cook	ADDRESS, 1003 Baltimore St.

N.B. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C94948

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin Milton Fields

(Residence in Baltimore: No. 1317 Sargeant St.; —yrs., 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 2, 1915
(Month) (Day) (Year)

7-AGE, — yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Arden A. Fields

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mollie Buttoff

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arden A. Fields

(Address) 1312 Sargeant St

15- MAY 9 - 1916 Filed ROBERT , KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9th 1916, to May 9 1916, that I saw h— alive on May 8 1916, and that death occurred, on the date stated above, at 12.50 A m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) ....yrs. 3 mos. ....ds.

(Signed) C. L. Simmons M. D.

May 9, 1916 (Address) 7h Severn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1317 Sargeant St

Former or usual residence 1317 Sargent

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, May 10, 1916

20-UNDERTAKER Just Cook — ADDRESS 1003 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94949

CERTIFICATE OF DEATH.

61

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Bruzgerska

(Residence in Baltimore: No. 2116 Cambridge Pl. St.; 11 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 27, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——— None
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Bugerska

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katie

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kobuszka

(Address) 514 S. Castle St.

15- Filed MAY 9 - 1916, 191.. ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 8 1916, that I saw her alive on May 8 1916, and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis
(not epidemic)
(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) D.W. Cathell M. D.

May 8, 191.. (Address) 1636 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	May 11, 191.6
20-UNDERTAKER	ADDRESS
H. F. Sadowski	905 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94950

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94950

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 Bell ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H. Wagner

(Residence in Baltimore: No. 1845 Bell St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Nov. (Month) 19 (Day), 1859. (Year)

7-AGE, 56 yrs. 5 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (General)

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maurice Flynn

(Address) 1422 Druid St.

15-

MAY 9 1916 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 3 1916, to May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 10.40 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 14 ds.

(Signed) C Mulcahy M. D.

5/9, 191.6 (Address) 1279 Williams

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, May 11 1916.

20-UNDERTAKER P. J. M. L. Flynn — ADDRESS 1422 Druid St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94951

C94951

CERTIFICATE OF DEATH.

x 1

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Inf. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. John B. Hanna.

(Residence in Baltimore: No. Union Protestant Inf. St.; ....yrs., ...mos. 31 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ...May.... (Month) 16 (Day), 1867 (Year)

7-AGE, 48 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Editor. 747
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William F Hanna

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Barnes

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recorder of Hanna

(Address) 1514 Division St

15- Filed MAY 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 191 6, to May 9 191 6, that I saw him alive on May 9 191 6, and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

.....

...Typhoid Fever.....

.....

..... (Duration) ...yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Leo C. Braun M. D.

May 9., 1916. (Address) U. P. I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. — ds. In the State 48 yrs. 11 mos. 23 ds.

Where was disease contracted, if not at place of death? Belair.

Former or usual residence Belair.

19-PLACE OF BURIAL OR REMOVAL, Churchville Harford Co. Md — DATE OF BURIAL, May 11., 191..

20-UNDERTAKER Stewart Mowen Comp'y — ADDRESS 108 W North Ave

N. B.—Every item of information should be given in this certificate, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C94952

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C94952

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. 34th St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Aler

(Residence in Baltimore: No. 600 N. 34th St. St.; 55 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, January 17, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Kilgrove

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sarah E. Grimes

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wallace N. Aler

(Address) 600 N. 34th St.

15- MAY 9 - 1916

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April-19 1916, to May-7 1916, that I saw h... alive on May-7 1916, and that death occurred, on the date stated above, at 8-05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(Duration) ....yrs. ....mos. 2 1 ds.

(Signed) Martin W. Thorn M. D.

May-8, 1916. (Address) 1 West Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park | DATE OF BURIAL. May 10, 1916.

20-UNDERTAKER Horace Burgee & Son | ADDRESS 363 W. Fallo Road

N.B.—Every item of information should be given as full as may be. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C94953

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94953

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 859 W Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lulu Ann Grant

(Residence in Baltimore: No. 859 W. Franklin St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Unknown, ..., 1902
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
14 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 743
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Grant

(Address) 859 W Franklin St

15- MAY 9 - 1916 HARRY C. ATLEWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1916, to May 6th 1916, that I saw h— alive on May 4 1916, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) ... yrs. 2 mos. ... ds.

(Signed) J. Hyde Townsend M. D.

May 9, 1916. (Address) 717 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 10, 1916
20-UNDERTAKER, Garrett & Offutt	ADDRESS 1364 Kane

N. B.—EVERY ITEM in this certificate should be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94954 C94954

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Ellamont Ave 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Betty A. Clowning

(Residence in Baltimore: No. 2506 Ellamont Ave St.; 25 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Aug 18th, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Garrett

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary E. McTyre

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Percy F. Clowning

(Address) 2506 Ellamont Ave

15- Filed MAY 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 9 1916, that I saw h.e.r alive on May 9 1916, and that death occurred, on the date stated above, at 12-45 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) K. C. Metzel M. D.

May 9, 1916. (Address) 120 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 11th, 1916.

20-UNDERTAKER E. M. Mitchell & Co. — ADDRESS 120 W. Fayette St

N. B.—Early filing of information entered on this certificate will be appreciated. Space for each item should be filled out carefully, and the answer written plainly. Where the information called for is not known, supply it if possible. Where the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94955

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

C94955

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Esther Dowden

(Residence in Baltimore: No. 2305 Adams St. 29 St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, June (Month) 14 (Day) 1863. (Year)

7-AGE, 52 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Phila- Penna

PARENTS.

10-NAME OF FATHER, Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt E L Dowden

(Address) 2305 Adams St

15- MAY 9 - 1916 Filed....., 191.... E. C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day) Monday, 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. 8-22 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Husband .....find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Pneumonia - Lobular

8 days (Duration) .....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) .....yrs.....mos.....ds.

(Signed) O'Melveny M. D. (Coroner.)

May 9, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 8 ds. In the State 29 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2305 Adams St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	May 11, 1916
20-UNDERTAKER Tom Cook	ADDRESS 502 E North Ave Baltimore

819 N Eutaw - Dr Whitehurst

Spec.—8-24-14—M. & T.—2000 Blks.

Sarah Kolzer

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C94956

CERTIFICATE OF DEATH.

152 C94956

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Kolzer

(Residence in Baltimore: No. 418 N. Mount St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, May (Month) 9 (Day) 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 1 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Jacob Kolzer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rod Summer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Kolzer

(Address) 418 N. Mount St.

15- Filed MAY 10 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9-1916, to May 9-1916, that I saw her alive on May 9- 1916, and that death occurred, on the date stated above, at 2-00 P. m.

The CAUSE OF DEATH* was as follows:

Prolonged & difficult labor, breech presentation

(Duration) ....yrs. ....mos. 30 min. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCarthy M. D.

May 9-, 1916 (Address) 916 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon Cem. | DATE OF BURIAL, May 10, 1916

20-UNDERTAKER J. Emmert & Bro. | ADDRESS 1127 E Balto St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Anna G. Schimpf

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94957 C94957

CERTIFICATE OF DEATH.

Schimpf 42

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1327 N. Mount ST.: 15 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna G. Schimpf

(Residence in Baltimore: No. 1327 N Mount St.; yrs., 50 mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Do not know, ... (Month) ..... (Day), 1..... (Year)

7-AGE, 76 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria.

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country) Don't know

12-MAIDEN NAME OF MOTHER ✓

13-BIRTHPLACE OF MOTHER (State or Country), ✓

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willis E. Chapman

(Address) 10 E. Fayette St.

15- Filed MAY 10 1916 191 ROBERT, KRAUTER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cancer, Attack for Ulcus of Uterus
(Duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Trouble
(Duration) ..... yrs. ✓ mos. ✓ ds.

(Signed) J. Williams M. D.
(Coroner.)

May 9 1916 (Address) 719 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Govanne Cemetery	May 11th 1916
20-UNDERTAKER	ADDRESS
Geo. Weber & Son	2503 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 C94958

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 768 Vine ST.: 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Brown

(Residence in Baltimore: No. 768 Vine St.; 7 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Colored	Single

6-DATE OF BIRTH, ..., 1857
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
59 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Chas. Brown

(Address)..... 131 W. Hoel St

15- MAY 10 1916 Filed....., 191.... ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

..... (Duration)..... yrs..... mos..... ds.

(Signed) Albert L. Driscall M. D.
(Coroner.)

May 8, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 10, 1916
20-UNDERTAKER John H. Trader	ADDRESS 142 W. Hoel St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form —5-10-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94959

CERTIFICATE OF DEATH.

81

C94959

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Martin

(Residence in Baltimore: No. 940 Warner St.; 5 yrs., ' mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... April ? ....., 84 (Month) (Day) (Year)

7-AGE, ... 72 yrs. 1 mos. ? ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver 62
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lumberwagon

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... John Travers

(Address) 942 S. Eutaw St.

15. MAY 10 1916 Filed....., 191.. ROBERT , KRAUTER, Special Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 8 ....., 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 8 1916, that I saw h[im] alive on May 8 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

.....

..... Arteria

..... (Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

..... (Duration) 1 yrs. ... mos. ... ds.

(Signed) Julius Guy Bowley M. D.

5/9/1916. (Address) 136 W. Hill St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
National Cem	May 11, 191..
20-UNDERTAKER John H. Toadvine	ADDRESS 142 Hill St

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94960 C94960

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 S. Howard ST.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Olivia Spence

(Residence in Baltimore: No. 1001 S. Howard St.; 24 yrs., 3 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. January 26, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Spence

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah J. Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Spence

(Address) 137 W. Pratt St.

15- Filed MAY 10 1916, 191... ROBERT, KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1916, to May 8 1916, that I saw h[illegible] alive on May 7th 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: acute miliary TBc

April 17 (Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) John Tom Bowles M. D.

5/8/16 191... (Address) 134 W. 14 Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL. May 10 191 6

20-UNDERTAKER John H. Tradum

ADDRESS 142 W. Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

C94961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

C94961

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Green Kirkland

(Residence in Baltimore: No. 17 W. Mulberry St.; 9 yrs., (mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, September 16, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Concord Del.

PARENTS.

10-NAME OF FATHER, George W. Green

11-BIRTHPLACE OF FATHER (State or Country), Concord Del

12-MAIDEN NAME OF MOTHER Sophie Martin

13-BIRTHPLACE OF MOTHER (State or Country), Concord. Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Clara Kirkland

(Address) 17 W. Mulberry St

15- Filed MAY 10 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1915, to May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(Duration) 1 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 9, 1916 (Address) 62 E. Pleasant St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	May 11, 1916.
20-UNDERTAKER Henry W. Jenkins Sons	ADDRESS McCulloh & Orchard Sts

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-15—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94962

CERTIFICATE OF DEATH.

91 C94962

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Briscoe ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Watts

(Residence in Baltimore: No. 1119 Briscoe St. St.; 9 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 12, 1906
(Month) (Day) (Year)

7-AGE, 9 yrs. 11 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas. Watts

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Nona Keene

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nona Keene Watts

(Address) 1119 Briscoe St

15- MAY 10 1916 Filed ..... ROBERT . KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/18 1916, to May 8 1916, that I saw h[er] alive on May 8 1916 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (Duration) ..... yrs. 20 mos. ..... ds.

CONTRIBUTORY (Secondary) Delayed Resolution

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Guy Bowley M. D.

5/9/ 1916 (Address) 136 W. 14th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... dy. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn St — DATE OF BURIAL, May 10, 1916.

20-UNDERTAKER I. N. Brown & Son — ADDRESS 108 N. Monty

N.B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C94963

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 W. West ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hutchins c

(Residence in Baltimore: No. 520 W. West St.

St.; yrs., — mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored.	Single

6-DATE OF BIRTH, April 23, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Hutchins c

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER, Mary Smith c

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hutchins c (mother)

(Address) 520 W. West St

15- Filed MAY 10 1916, 191.... ROBERT, KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Contusion of Chest
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Rembrandt M. D.
(Coroner.)
May 9, 1916. (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn c — DATE OF BURIAL, May 11 — 1916

20-UNDERTAKER S. K. Brown & Son — ADDRESS 108 W. Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C94964 C94964

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 1618 Eutaw St. 14 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Jones.

(Residence in Baltimore: No. 1618 Eutaw St.; yrs. 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Infant

6-DATE OF BIRTH: April (Month) 12 (Day), 1915 (Year)

7-AGE: One yrs. mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: William Jones

11-BIRTHPLACE OF FATHER (State or country): Gloucester Co Va

12-MAIDEN NAME OF MOTHER: Julia Richmond

13-BIRTHPLACE OF MOTHER (State or country): Gloucester Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Jones

(Address) 1618 Eutaw St

15. Filed MAY 10 1916, 191 ROBERT . KRAUTER, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1916, to May 8th 1916, that I saw her alive on May 7th, 1916, and that death occurred, on the date stated above, at 6.00 a. m.
The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Broncho Pneumonia

(Duration) yrs. mos. 9 ds.

(Signed) Geo. H. Lamgenbach M. D.

May 8th, 1916 (Address) 2205 N. Howard Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	May 10, 1916
20-UNDERTAKER	ADDRESS
John H. Owens	1222 Druid Pl

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94965

CERTIFICATE OF DEATH.

18 C94965

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 E. Biddle ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle E. Nily

(Residence in Baltimore: No. 2208 E. Biddle St. St.; ..... yrs., 11 mos. ..... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE YEAR or ONE DAY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, April 28, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 11 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Philip W. Nily

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sophie M. Winters

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip W. Nily

(Address) 2208 E. Biddle St.

15- MAY 10 1916 ROBERT . KRAUTER, Burial Permit Clerk.
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral Embolism

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Hassler M. D.

May 9, 1916. (Address) 1301 N. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, May 11, 1916

20-UNDERTAKER Robt. L. Turner — ADDRESS 144 N. Brady.

Spec.—8-24-14—M. & T.—2000 Bks.

C94966

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94966

CERTIFICATE OF DEATH.

REGISTERED No. C 81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital W ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Simon

(Residence in Baltimore: No. 1738 Eastern ave St.; 43 yrs., 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 28th, 1872 (Month) (Day) (Year)

7-AGE, 43 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ironworker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Michael Simon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gertrude Simon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Simson

(Address) 1738 Eastern ave

15- MAY 10 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 5 1916, to May 8 1916, that I saw him alive on May 8 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Rupture of Aneurysm of Abdominal Aorta

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ernest W. G. Rieger M. D.

May 8, 1916. (Address) St. Josephs Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1738 Eastern Ave

Former or usual residence 1738 Eastern Ave.

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer

DATE OF BURIAL, May 11, 1916.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 408 S. Wolfe st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If LESS than 1 day, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94967 C94967

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 300 S. Collington ave ST.; 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Miener

(Residence in Baltimore: No. 300 S. Collington ave St.; 64 yrs., 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct. 10, 1851. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 6 mos. 27 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housemaid.
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Kratz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Holtzmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary E. Wilson

(Address) 1806 N. Charles St

15- MAY 10 1916 ROBERT , KRAUTER, Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 7 1916, that I saw h~~er~~ alive on May 7 1916, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

(a) Mitro - Pneumonia

.....

..... (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Pleurisy —

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Wm. E. Brune M. D.

May 9, 1916. (Address) 125 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	May 10, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 406 S. Mo[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94968 — 31 C94968

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Poplar Grove St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman P. Sutton

(Residence in Baltimore: No. 716 Poplar Grove St. St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 18 (Day), 1885 (Year)

7-AGE: 30 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): 977

9-BIRTHPLACE (State or country): Kent Co. Md

PARENTS

10-NAME OF FATHER: D. S. Sutton

11-BIRTHPLACE OF FATHER (State or country): Kent Co Md

12-MAIDEN NAME OF MOTHER: Miriam Eade

13-BIRTHPLACE OF MOTHER (State or country): Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E M Riley MD

(Address) 727 S. Mount St Balto Md

15- MAY 10 1916 Filed ..... 191 ROBERT . KRAUTER, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1916, to, May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 12.45 P.M.

THE CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

..... (Duration) ..... yrs. 4 mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), E M Riley M. D.

May 9, 1916. [Address] 727 S. Mount St Balto. Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 10 1916

20-UNDERTAKER: Robert Bookman — ADDRESS: Wayne & Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94969

CERTIFICATE OF DEATH.

92 C94969

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 E. Randall St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Sherman

(Residence in Baltimore: No. 434 E. Randall St.; ....yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 11, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gen Merchandise
(b) General nature of industry, business, or establishment in which employed (or employer): 323

9-BIRTHPLACE, (State or Country), Salisbury Md.

PARENTS.

10-NAME OF FATHER, Samuel Sherman

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Harriet Williamson

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S. Sherman

(Address) 434 E. Randall St

15- Filed MAY 10 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 9 1916, that I saw h.. alive on May 9 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ....yrs. 2 mos. 6 ds.

(Signed) J. F. Hawkins M. D.

5-19, 1916. (Address) 18 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. May 11 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94970

CERTIFICATE OF DEATH.

92 C94970

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 Arlington ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leander Jones

(Residence in Baltimore: No. 252 Arlington ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Man	Colored	Married

6-DATE OF BIRTH, ~~1843~~ 1834

..... born ....., ... (Month) (Day) (Year)

7-AGE, 81 yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton
(b) General nature of industry, business, or establishment in which employed (or employer): Church

9-BIRTHPLACE, (State or Country), Sary Va

PARENTS.

10-NAME OF FATHER, un known

11-BIRTHPLACE OF FATHER (State or Country), un known

12-MAIDEN NAME OF MOTHER Jane Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Sary Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Jones

(Address) 252 N. Arlington Ave

15- Filed MAY 10 1916, 191 ROBERT . KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 9 1916, that I saw him alive on May 9 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) ..... M. D.

May 9, 1916 (Address) 712 S. Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, May 10, 1916

20-UNDERTAKER Felix B Pyle — ADDRESS 102 E Maulbary St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS making CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94971 C94971

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Newman

(Residence in Baltimore: No. 2814 Parkwood Ave. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov 2 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Benj. F. Minnick

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Ryder

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm B. Newman

(Address) 2819 Parkwood Ave

15- MAY 10 1916 HARRY C. ANDREWS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Thrombus Gastro-intestinal

Anemia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Dyspepsia

(Duration) yrs. mos. 5 ds.

(Signed) H. H. Warner M. D.

May 9, 1916 (Address) 10 West Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 46 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2819 Parkwood Ave.

Former or usual residence 2819 Parkwood Ave.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 11, 1916

20-UNDERTAKER Chas. G. Waner & Son ADDRESS 1700 N. Howard St.

Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94972

CERTIFICATE OF DEATH.

28 C94972

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E. 23rd St. ST.; 12 WARD)

(If death occurred in a Hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Murphy

(Residence in Baltimore: No. 2229 E. 23rd St. St.; 17 yrs., — mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS filling this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 5, 1899
(Month) (Day) (Year)

7-AGE, 17 yrs. — mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Errand Boy
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Timothy Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margt. O'Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margt. Murphy

(Address) 2229 E. 23rd St.

15- Filed MAY 10 1916, 191.... HARRY ... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 28 1916, to May 10 1916, that I saw h[e] alive on May 9 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Benardo Wis M. D.

May 10, 1916. (Address) 914 E. Preach

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross	May 12, 191...
20-UNDERTAKER	ADDRESS
H. C. Wedefeld	Fly Transmt. Co.

Spec.—8-24-14—M. & T.—2000 Blks.

C91973

HEALTH DEPARTMENT—CITY OF BALTIMORE

C91973

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Studola

(Residence in Baltimore: No. ..... St.; 50 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown / ..... (Month) ..... (Day) ..... (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thomas Mickles

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Mickles

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor.

15- MAY 10 1916 Filed ....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Sept 28~~ 191 , to ..... 191 ....., that I saw h[er] alive on May 7 1916, and that death occurred, on the date stated above, at 9.10 a.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

3 days (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. Williams M. D.

May 9, 1916. (Address) 1633 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. ..... mos. ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 11, 1916.

20-UNDERTAKER J. C. Redfield — ADDRESS Ft. Greene Pl.

Spec. 8-24-14—M. & T.—2000 Blks.

C94974

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94974

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Bond ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Raine.

(Residence in Baltimore: No. 1615 N. Bond St., Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Feb 27, 1841.
(Month) (Day) (Year)

7-AGE, 75 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 34

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Smith

(Address) 1900 E Lanvale

15-

Filed MAY 10 1916 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to May 9 1916, that I saw h~~im~~alive on May 9 1916, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

.....

Diabetes Mellitus

.....

..... (Duration) yrs. 6 mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) yrs. mos. 5 ds.

(Signed) John A. Donaldson M. D.

May 10, 1916 (Address) 1714 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dalto Cem — DATE OF BURIAL, May 13 1916.

20-UNDERTAKER Wm Cook & Co. — ADDRESS 502 E. North Ave.

N 3094

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94975

CERTIFICATE OF DEATH.

170

C94975

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Duncan ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Rosman.

(Residence in Baltimore: No. 910 N Duncan St.; 58 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1858

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Christian Lingenfelder

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Kurr.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hannie Mengel

(Address) 910 N. Duncan St.

15- MAY 10 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to May 10 1916, that I saw h[er] alive on May 9 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 2 yrs.

(Duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Embolism

(Duration) yrs. 2 mos. ds.

(Signed) W. H. Daniel M. D.

May 10, 1916 (Address) 2008 Orleans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, May 12, 1916

20-UNDERTAKER McCook. ADDRESS 32 E. North.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94976

CERTIFICATE OF DEATH.

61

C94976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 L. Rose ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Walters

(Residence in Baltimore: No. 707 L. Rose St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 14 (Day), 1912 (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 8 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, John Walters

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER Emma Schmidtman

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Walters

(Address) 707 L. Rose St

15-Filed MAY 10 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MAY 10 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 9 1916, that I saw h— alive on May 9 1916, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Menengitis

(Duration) ....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

May 9, 1916. (Address) 1015 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	May 11th, 1916.
20-UNDERTAKER H. Lander & Sons	ADDRESS 1710 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

C94977

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94977

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 S. Broadway St.; V Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Mueller

(Residence in Baltimore: No. 575 S. Broadway St.; 67 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug. (Month) 20th (Day), 1847 (Year)

7-AGE, 68 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): 65

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John G. Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Wich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Mueller

(Address) 575 S. Broadway

15- Filed MAY 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May - 6 1916, to May - 8 1916, that I saw h— alive on May 8 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease - (By Autopsy)
Chronic Interstitial Nephritis
unknown
(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute -
(Duration) yrs. mos. 7 ds.

(Signed) M. A. C. Brown M. D.

May 9, 1916. (Address) 125 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 11., 1916.

20-UNDERTAKER H. Vander Sons — ADDRESS 1710 Pleasant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C94978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C94978

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Frederick Ave St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Virginia Manley -

(Residence in Baltimore: No. 1619 Frederick Ave St.; 69 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 8 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore —

PARENTS.

10-NAME OF FATHER, Lorenza Ritter —

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER Rebecca Carlson

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia G Bishop -

(Address) Riderwood - Md.

15- MAY 10 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 9 1916, that I saw h[illegible] alive on May 9 - 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation &
arteria sclerosis -

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3a 4 yrs. ... mos. ... ds.

(Signed) M. Emmanuel Neal M. D.

May 9., 191.6 (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 11 191.6.
20-UNDERTAKER Chas F Wasmus	ADDRESS 217 W Fulton

C94979

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

66

C94979

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 W. Biddle ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Sophia Claggett

(Residence in Baltimore: No. The Shelter for Colored Persons St.; 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Widow

6-DATE OF BIRTH Unknown, 1821
(Month) (Day) (Year)

7-AGE 95 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Don't Know

PARENTS

10-NAME OF FATHER Don't Know

11-BIRTHPLACE OF FATHER (State or country) Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Walton

(Address) 517 W. Biddle st

15 MAY 10 1916 Filed ..., 191.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 10, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1916, to April 22 1916

that I saw h.. alive on April 22, 1916,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

— (Duration) — yrs. 4 mos. — ds

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) John Ritzecombie, M. D.

May 10, 1916 (Address) 1316 St. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 30 yrs. — mos. — ds. In the State 30 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? The Shelter for Colored persons

Former or usual residence The Shelter for Colored persons

19-PLACE OF BURIAL OR REMOVAL Laurel Cem | DATE OF BURIAL May 11, 1916

20-UNDERTAKER Chas. E. Franck | ADDRESS 802 Madison ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

C94980

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94980

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2149 Chelsea ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma W. Hodge

(Residence in Baltimore: No. 2149 Chelsea Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April 1 (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Whitford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Francis Bosley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Carlos Pledge

(Address) 2149 Chelsea Ave

15- Filed MAY 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to May 9th 1916 that I saw h[illegible] alive on May 9th 1916, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion
Uremic Coma

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 8 mos. ....ds.

(Signed) W. F. Smith M. D.

May ..., 191... (Address) 11 S. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	May 12, 191...
20-UNDERTAKER George J Smith	ADDRESS 1000 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94981

CERTIFICATE OF DEATH.

64 C94981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Carrollton Ave St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Bush Dooley

(Residence in Baltimore: No. 408 N. Carrollton Ave St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June (Month) 14 (Day), 1848 (Year)

7-AGE, 67 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 32 House Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Lexington Ky

PARENTS.

10-NAME OF FATHER, Robert B Dooley

11-BIRTHPLACE OF FATHER (State or Country), Lexington Ky

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Dooley

(Address) 408 N. Carrollton Ave

15- Filed MAY 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1916, to May 9 1916, that I saw him alive on May 9 1916, and that death occurred, on the date stated above, at 5 55 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) ? yrs. mos. ds.

(Signed) Leonard E Brach M. D.

5/10/, 1916. (Address) 1 E. 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 12, 1916

20-UNDERTAKER Geo J Smith — ADDRESS [illegible] W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C94982 HEALTH DEPARTMENT—CITY OF BALTIMORE C94982

80

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Carey ST.; 19 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Tyler

(Residence in Baltimore: No. 102 S. Carey St.; 44 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, October 15, 1864
(Month) (Day) (Year)

7-AGE, 51 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Eastern Shore, Md.

PARENTS.

10-NAME OF FATHER, George W. Tyler.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Riggins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Tyler

(Address) 102 S. Carey st

15- Filed MAY 10 1916 HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 9 1916, that I saw him alive on May 8 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac paralysis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Lockard M. D.

May 10, 1916. (Address) 1202 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 11, 1916

20-UNDERTAKER	ADDRESS
John H. Fields	1202 W. Lombard st

WRITE PLAINLY, with pen and ink.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94983 C94983

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Wilkins av St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Dean

(Residence in Baltimore: No. 2027 Wilkins av St. Lutherune

yrs. mos. ds.)

WRITE PLAINLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH Dec 5th, 1834
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
81 yrs. 9 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leo Kerholtz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rebecca Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E. Cathcart

(Address) 2027 Wilkens av

15- Filed MAY 10 1916, 191. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 9 1916, that I saw h[illegible] alive on May 8th 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia
b Heart Failure
about 3 days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis one week
(Duration) yrs. mos. ds.

(Signed) Carlton M Cook M. D.

May 9, 1916 (Address) 1107 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, MAY 12, 1916

20-UNDERTAKER Geo. A. Foley

ADDRESS Balto & Fayette Sts

C94984

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94984

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 N Mount St: 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Richards

(Residence in Baltimore: No. 117 N Mount St.: yrs., 6 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 6 mos. 19 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), America City

PARENTS.

10-NAME OF FATHER, Edward C Richards

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Amelia Baer

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Richards

(Address) 117 N Mount St

15- MAY 10 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry) Inquiry find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration)..... yrs..... mos. 1 5 ds.

CONTRIBUTORY (Secondary) Diabetes Coli

(Duration)..... yrs. mos. 6 ds.

(Signed) James M Benton M. D. (Coroner.)

May 10 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Carters Burying Ground Belair Road

DATE OF BURIAL, MAY 11 1916, 191..

20-UNDERTAKER Geo A Gerber ADDRESS Back & Payson 556

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

C94985

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C94985

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2712 Almeda ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Washington Roach

(Residence in Baltimore: No. 2712 Almeda ave St.; 50 yrs. 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	married

6-DATE OF BIRTH: May (Month) 4 (Day), 1867 (Year)

7-AGE: 6 9 yrs. — mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work? Horse Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) 33rd

9-BIRTHPLACE (State or country) Petersburg V.A.

PARENTS

10-NAME OF FATHER William W Roach

11-BIRTHPLACE OF FATHER (State or country) Petersburg Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wife Mary Roach

(Address) 2712 Almeda ave

15- MAY 10 1916 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6, 1916, to, May 8 1916, that I saw h[illegible] alive on May 8 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia both Lungs

(Duration) ..... yrs ..... mos. 6 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs ..... mos. One ds.

(Signed) A. Jeremy Hallbrook M. D.

May 9 1916 (Address) 1615 Goucher ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: MAY 11 1916

20-UNDERTAKER: Geo A Gerber ADDRESS: Balto Hyson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-16—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94986

CERTIFICATE OF DEATH.

28 C94986

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 W Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Payne

(Residence in Baltimore: No. 719 W Franklin St.; Life yrs., ... mos. ..... ds.)

WRITE PLAINLY, with ordinary pen and ink. Do not use lead pencil.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Coed

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 26, 1901
(Month) (Day) (Year)

7-AGE, 14 yrs. 9 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER E. H. Payne

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Laura Durham

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Payne

(Address) 719 W Franklin

15- Filed MAY 11 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 30 191 6, to May 9 191 6, that I saw h... alive on May 9 191 6, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuber Culosis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) J F Norwood M. D.

May 10, 1916 (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Int Suburban Cmtry

DATE OF BURIAL, May 11, 1916

20-UNDERTAKER Pleak House

ADDRESS 608 Little Read

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94987

CERTIFICATE OF DEATH.

1916

C94987

REGISTERED No. C.....

1-PLACE OF DEATH
Pronounced dead at
CITY OF BALTIMORE (No. Franklin Square Hospital 18 ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Renehan

(Residence in Baltimore: No. 15 years (147 S. Schroeder St) St.: yrs., mos. ds.)

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 11 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. 374

9-BIRTHPLACE, (State or Country), America Md.

PARENTS.

10-NAME OF FATHER, John Renehan
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER, Mary Breslin
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jas Renehan
(Address) 1110 Evergreen Avenue

15- Filed MAY 11 1916, 191.... ROBERT J. KRAUTER, Special Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull over temporal region + Clot blood on Brain - Probably Homicide
Fell while intoxicated (Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) yrs. mos. ds.
(Signed) James M Kenlon M. D.
(Coroner.)
May 9 1916 (Address) 100 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death? Pratt + Schroeder Sts
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Pleasant	May 11 1916
20-UNDERTAKER	ADDRESS
Wm. Fitzpatrick & Bro.	2433 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94988 — CERTIFICATE OF DEATH. — x176 — C94988

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bayne E. Dodson

(Residence in Baltimore: No. University Hospital St.: yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, March (Month) 8. (Day) 1908 (Year)

7-AGE, 8 yrs. 2 mos. ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Millenbeck. Va.

PARENTS.

10-NAME OF FATHER, Ellis Dodson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Minnie Clark.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ellis Dodson
(Address) Millenbeck Va.

15- MAY 11 1916 ROBERT . KRAUTER, Burial Permit Clerk
1916 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, due to fracture of Skull, caused by being Kicked by a horse. (accidental)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
May 11 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Millenbeck Va.
Former or usual residence Millenbeck Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Millenbeck Va.	May 11" 1916
20-UNDERTAKER Joseph L. Cook	ADDRESS 103 Baltic St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

£94989 £94989

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 201-E. 23rd St. ST. 12 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Griffith

(Residence in Baltimore: No. 201 E. 23rd St City — St.: yrs., 65 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH. ~~May 10~~ March 5 / 1851. (Month) (Day) (Year) 1916

7-AGE. 65 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work: Nurse. (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. James T. Griffith

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Dora L Styles

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Stadman

(Address) 201 E 23d St

15- FILED MAY 11 1916, 191.. ROBERT J. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatal Fortune

Dyspepsia of 1 hour

Was not Ops (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Did not Operate

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

May 10, 1916 (Address) 819 N Eutaw

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	May 13 1916
20-UNDERTAKER.	ADDRESS.
Mrs A Rondeau Sons	730 Park Ave

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94990

CERTIFICATE OF DEATH.

8 C94990

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 937 N. Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger Scott Sears

(Residence in Baltimore: No. 937 N Lexington St.; 1 yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 24, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), City. Balto.

PARENTS.

10-NAME OF FATHER, George N. Sears (Jr)

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Blanche Y. Fink

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Y. Sears

(Address) 937 N Lexington St

15- Filed MAY 11 1916 191 ROBERT . KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 13 1916, to May 10 1916, that I saw h— alive on May 10 1916, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) N Lexington Craig St

(Duration) yrs. mos. 27 ds.

(Signed) J. D. Norwood M. D.

May 11, 1916 (Address) 939 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 11 1916.

20-UNDERTAKER, Mrs. A Rohdes Son — ADDRESS 730 Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94991

CERTIFICATE OF DEATH.

78 C94991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W. ~~Fremont~~ Mulberry ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin F. Johnson

(Residence in Baltimore: No. Life. 767 W Mulbery St.; 25 yrs., 2 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—PENCIL MARKS WILL NOT COPY.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 28th (Month) (Day), 1891 (Year)

7-AGE, 25 yrs. 2 mos. 11 ds.

If LESS than 1 day. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steveder 504
(b) General nature of industry, business, or establishment in which employed (or employer): Old Bay Line

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Maria Holmes Not Known

13-BIRTHPLACE OF MOTHER (State or Country), St Mary Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Johnson

(Address) 767 W Mulbury St

15- Filed MAY 11 1916, 191.... ROBERT . KRAUTER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1916, to May 8 1916, that I saw him alive on May 8th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

3 Months (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Dropsy Precordial Syncope

appearing on (Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph F Mauger M. D.

May 9, 1916 (Address) 1002 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 11, 1916

20-UNDERTAKER Sam H. Cradock — ADDRESS 1400 Mosher St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94992

CERTIFICATE OF DEATH.

91

C94992

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Central Ave ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kramer

(Residence in Baltimore: No. 215 N. Central Ave St.; 3 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1913 (Year)

7-AGE, 3 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Israel Kramer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rachel Solomb

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Israel Kramer

(Address) 715 N. Central Ave.

15- Filed MAY 11 1916 ROBERT . KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1916, to May 10 1916, that I saw her alive on May 10, 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) Life yrs. mos. ds.

(Signed) Isaac M. Marks M. D.

May 11, 1916 (Address) 1502 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Rosedale Reburn	5/11, 1916
20-UNDERTAKER Jack Levis	ADDRESS E13 alDst

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS BLANK PRINTED

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 C94993

C94993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Eden ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Falck

(Residence in Baltimore: No. 315 S Eden St.; 4 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 71 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hark.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Raphel Falck

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Falck

(Address) 1400 N. Eutaw St.

15- MAY 11 1916 ROBERT . KRAUTH,
Filed ....., 191..... Registrar. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1916., to May 10 1916., that I saw h in alive on May 10 1916., and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum & Liver

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Abramson M. D.

May 11, 1916. (Address) 1804 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Lulaw Woodlawn — DATE OF BURIAL, May 11, 1916

20-UNDERTAKER A. Leinhardt & Bro — ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—H. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94994 ×64 C94994

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's German Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Butts

(Residence in Baltimore: No. 5 St. Josephs Hospital St.; ..... yrs., ... mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 5, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, James A. Butts

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nellie Glasgow

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Butts

(Address) North Carolina

15- MAY 11 1916 Filed....., 191.... ROBERT . KRAUTER Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 11 1916, that I saw h e alive on May 11 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pul monary Edema

(Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) O. Theilhaber M. D.

May 11, 1916. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Jonesville Virginia

19-PLACE OF BURIAL OR REMOVAL, Littleton N. C. DATE OF BURIAL, May 12, 1916

20-UNDERTAKER Ralph J. Turner ADDRESS 1442 N. Broadway

Spec.—5-10-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C94995

CERTIFICATE OF DEATH.

91

C94995

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W. 34th (Old Second Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna May Collins

(Residence in Baltimore: No. 700 W 34th (Old Second Ave St.; 1 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 13, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Walter Collins

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Edna Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Collins

(Address) 700 W 34th (Old Second Ave

15- Filed MAY 11 1916 ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to May 9 1916, that I saw her alive on May 9 1916, and that death occurred, on the date stated above, at 11.45 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. B. Norment M. D.

May 11, 1916 (Address) 3147 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, May 11, 1916.

20-UNDERTAKER Chenoweth Bros — ADDRESS Chestnut Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C94996 — 28 — C94996

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 11 E. West St. 23 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis H. Schultz

(Residence in Baltimore: No. 11 E. West St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: Nov. (Month) 10th (Day), 1852 (Year)

7 AGE: 63 yrs. 5 mos. 29 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 345

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frederick Wm. Schultz

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherina Bockstigel

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Schultz

(Address) 11 E. West St.

15 Filed MAY 11 1916, 19.. KONKERT, KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 9th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1916, to May 8th, 1916, that I saw h.. alive on May 8th, 1916, and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

..... (Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. J. Carrick M. D.

May 10th, 1916. (Address) 1417 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Schwartze Cem. — DATE OF BURIAL: May 12, 1916

20 UNDERTAKER: E. Schlosnant Son — ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

C94997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x43 C94997

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Josephite (May Breslin)

(Residence in Baltimore: No. St Josephs Asp ..... St.; ..... yrs., 3 mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, not known ....., 1 ..... (Month) (Day) (Year)

7-AGE, 43 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tacker
(b) General nature of industry, business, or establishment in which employed (or employer) 775

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Dennis Breslin.

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Superior

(Address) St Josephs Hospital

15- MAY 11 1916 ROBERT . KRAUTER, Burial Permit Clerk.

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 5 1916, to May 9 1916, that I saw her alive on May 9 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

Clinical Diagnosis

about 4

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Breast

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) L. T. Winton Chf M. D.

May 9 16, 191... (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. 3 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Fardenville Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, May 12 1916

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Eag 96

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5515

C94998

HEALTH DEPARTMENT--CITY OF BALTIMORE

C94998

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 717 W. mulberry ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred F. Hammond

(Residence in Baltimore: No. 717 W. mulberry St.: 1 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feby 9, 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Joseph Hammond

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Ida Pennington

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Hammond

(Address) 717 W Mulberry St

15 MAY 11 1916 Filed ..... 191.....

HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 9th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 9th 1916, that I saw h.. alive on May 9, 1916, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Marasmus

Tuberculous

..... (Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) S. B. Hughes M. D.

May 10, 1916 (Address) 1413 D Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: MAY 12 1916 ..... 191.....

20-UNDERTAKER: Samuel C Hemsley — ADDRESS: 1708 Druid

Spec.—8-24-14—M. & T.—2000 Blks.

C94999 HEALTH DEPARTMENT—CITY OF BALTIMORE C94999

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robert Garrett Hospital ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Benzinger

(Residence in Baltimore: No. 1201 Henry St. St.; yrs. 3 mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, Feb (Month) 2 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 3 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, David Benzinger

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co Md

12-MAIDEN NAME OF MOTHER Catherine Meeks

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Benzinger

(Address) 1124 Warner St

15- Filed MAY 11 1916, 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 191..., to May 10 1916, that I saw h.. alive on May 10 1916, and that death occurred, on the date stated above, at 6 45 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Congenital Debility)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ethelbert Hemming M. D.

May 10, 191... (Address) 2000 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1201 Henry St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	May 12th, 1916.
20-UNDERTAKER	ADDRESS
James L Egan & Sons	

Spec.—8-24-14—M. & T.—2000 Blks.

C95000

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95000

CERTIFICATE OF DEATH.

154

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E Eager ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thompson

(Residence in Baltimore: No. 426 E Eager St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct 11, 1830
(Month) (Day) (Year)

7-AGE, 85 yrs. 6 mos. 30 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 677

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Allgire

(Address) 421 E Eager St

15- MAY 11 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1916, to May 10 1916, that I saw h[im] alive on May 9 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema Lungs

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Bernard Long M. D.

May ..., 191.6 (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	May 13 1916
20-UNDERTAKER	ADDRESS
Edw A Bromley	58 Pappeloa

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95001 43 C95001

1-PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 1634 Westwood Ave St.: 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cordila Willet

(Residence in Baltimore: No. 1634 Westwood Ave St.: 28 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 21 (Day), 1848 (Year)

7-AGE: 67 yrs. 10 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Carroll Co Md

PARENTS

10-NAME OF FATHER: John E Homberger

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Elizabeth Wangers

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C J Willet

(Address) 1634 Westwood Ave

15. MAY 11 1916 ROBERT . KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1914, to May 8 1916, that I saw h.r alive on May 8, 1916, and that death occurred, on the date stated above, at 4 p.m.
The CAUSE OF DEATH* was as follows:

Scirrhus cancer of the breast

Clinical (Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Fred C Jewett M. D.

May 8, 1916 (Address) 2516 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 12, 1916

20 UNDERTAKER: Robt S Little — ADDRESS: 531 E Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95002 64 C95002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Bethel ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma R. McDowell

(Residence in Baltimore: No. 1806 N. Bethel St.; 53 yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, Sept. (Month) 28 (Day), 1862 (Year)

7-AGE, 53 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md. Balto.

PARENTS.

10-NAME OF FATHER, Joseph Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Henrietta Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. McDowell

(Address) 1806 N. Bethel St.

15- MAY 11 1916 Filed....., 191.... ROBERT . KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 9 1916, that I saw h[illegible] alive on May 9 1916, and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

.....A.....

..... Hemorrhage Cerebral

..... (Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Jas. T. Frahm M. D.

May 10, 1916 (Address) 1823 N. Wash St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	May 12 1916
20-UNDERTAKER Henry Lutz	ADDRESS 1007 N. Bond St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

Spec.—6-19-12—M. & T.—500 Blks.

C95003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 W. Henrietta ST.; 23 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tilghman

(Residence in Baltimore: No. 231 W. Henrietta St.; ..... yrs., 7 mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, October (Month) 10 (Day), 1841 (Year)

7-AGE, 55 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Booker

(Address) 231 W. Henrietta st

15- MAY 11 1916 ROBERT . KRAUTER, Registrar.
Filed ..... 191. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1916, to May 10 1916, that I saw her alive on May 10 1916, and that death occurred, on the date stated above, at 1. a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Julius Guy Bowley M. D.

5/11/16 191.. (Address) 136 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch Md. | DATE OF BURIAL, May 13 191 6

20-UNDERTAKER Armstrong Denny Co. | ADDRESS 713 Light St.

C95004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 28 C95004

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 11 E. Lem. Saratoga & Holiday at Ryan's Emerald's ST.; WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Czyrowski

(Residence in Baltimore: No. 6 Lemy St. Curtis Bay, Md. St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1879 (Year)

7-AGE, 36 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Anthony Czyrowski

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Anthonia Brala

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Czyrowski

(Address) E Lemy & Curtis Bay

MAY 11 1916

15- ROBERT , KRAUTER,

Filed....., 19.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to..Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Hemorrhage

Few minutes (Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY (Secondary) Incipient Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. Russ M. D.
(Coroner.)

May 10 1916 (Address) Curtis Bay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, (Holy Cross Cem) DATE OF BURIAL, 5-12th 1916

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

C95005

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95005

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH In Harbor opposite

CITY OF BALTIMORE (No. 1718 Thames St ST.: 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Diaz (Diez)

(Residence in Baltimore: No. 1718 Thames St St. 5 yrs., 5 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... March (Month) 28 (Day), 1910 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 5 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, Joseph Diaz

11-BIRTHPLACE OF FATHER (State or Country), Spain

12-MAIDEN NAME OF MOTHER Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Spain

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Diaz

(Address) 1718 Thames St

15- Filed MAY 11 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Thomas Synd Ennis (Coroner.) M. D.

May 10 191 6 (Address) 610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	May 12, 1916.

20-UNDERTAKER	ADDRESS
M. J. Sadowski	705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

C95006

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95006

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Mary A. Light

(Residence in Baltimore: No. 1639 E. Madison St.; 21 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) ..... (Day) 1842 (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Obediah Nelson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Evans.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Isabelle Mamel

(Address) 313 E. 24th St.

15- MAY 11 1916 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 ..., to ..... 191 ..., that I saw h er alive on May 8 191 6, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

Right hemiplegia

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. bronchitis & emphysema

(Duration) Don't Know yrs. mos. ds.

(Signed) W. R. Magan M. D.

May 11, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, May 13th, 1916.

20-UNDERTAKER William Cook

ADDRESS 501 E 20th

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2 C95007

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Mercy Hospital ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Wilson

(Residence in Baltimore: No. 1122 Cookson St.: yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Lancel Wilson

11-BIRTHPLACE OF FATHER (State or Country): Ill

12-MAIDEN NAME OF MOTHER: Eliza McBride

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas C Gentry

(Address) 1831 Belt Ave

15- Filed MAY 11 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary: Pneumonia 2 days

Fract. Skull accidental 4 days

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fell out of Window

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Riley Coroner. M. D.

May 10, 1916. (Address) 606 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1122 Cookson St. Baltimore

Former or usual residence 1122 Cookson St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill. DATE OF BURIAL, May 13 1916

20-UNDERTAKER Wm Cook & Co. ADDRESS 502 E Fayette

C95008

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95008

CERTIFICATE OF DEATH.

163

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 21 Douglas Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Gentle

(Residence in Baltimore: No. 2411 Chase, St.) (17 yrs. 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... mar ..... 10 ....., 1899
(Month) (Day) (Year)

7-AGE, ... 17 ..... yrs. ..... 2 ..... mos. — ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work at home

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Geo W Hogan

11-BIRTHPLACE OF FATHER (State or Country) Balto md

12-MAIDEN NAME OF MOTHER Mary Lantz

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Gentle

(Address) 1 Long Manford Ave

15- MAY 11 1916 Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 10 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide burning
Phosphorus (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Knox Insley (Coroner.) ..... M. D.

May 10 1916. (Address) N. C. District.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 10 ds. In the State 17 yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? 2411 E Chase St

Former or usual residence 2411 E Chase St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn | DATE OF BURIAL, May 12 1916

20-UNDERTAKER Pell & Turner | ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C95009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C95009

CERTIFICATE OF DEATH. 113

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Hanrahan

(Residence in Baltimore: No. 1757 N. Gay St. St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..Aug.. 9 ..., 1861
(Month) (Day) (Year)

7-AGE. 54 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..Watchman..
(b) General nature of industry, business, or establishment in which employed (or employer) ..City..

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Martin Hanrahan

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Ellen Fallon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hanrahan

(Address) 1252 N. Gay St

15- Filed MAY 11 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..May.. 10 ..., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 29 1916, to May 10 1916, that I saw h.. alive on May 10 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart

..... (Duration) ..yrs. ..mos. 2 Days

(Signed) C. V. Lenhardt M. D.

May 10, 1916. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 11 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? 1757 N. Gay

Former or usual residence 1757 N. Gay

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	May 13, 1916
20-UNDERTAKER R. J. Turner	ADDRESS 1448 N. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5693

C95010

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95010

CERTIFICATE OF DEATH.

176

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2324 Ruxton Town Road St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Koenig

(Residence in Baltimore: No. 2324 Ruxton Town Road St.; yrs., 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July 17, 1847 (Month) (Day) (Year)

7-AGE: 68 yrs. 9 mos. 22 ds. July

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: 655
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Store

9-BIRTHPLACE, (State or Country): Germany

PARENTS:

10-NAME OF FATHER: John Koenig

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Koenig

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Gutt

(Address) 2324 Ruxton Town Road

15- FILED MAY 11 1916 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
(Kicked by a horse)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
Colon (Duration) ....yrs. ....mos. 4 ds.

(Signed) J. H. Mettenheimer M. D. (Coroner)

May 10, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 12, 1916

20-UNDERTAKER: W. H. Knutson — ADDRESS: 230 N. Eutaw

Spec.—5-19-13—M. & T.—500 Blks.

C95011

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C95011

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Frederick Road St.: 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred H. Milburn

(Residence in Baltimore: No. 2925 Frederick Road St.: 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. Sept 15, 1844
(Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Cutter 21st
(b) General nature of industry, business, or establishment in which employed (or employer): Granite business

9-BIRTHPLACE, (State or Country). Ft Wayne Co Ind

PARENTS.

10-NAME OF FATHER. Thomas Milburn

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Susan M Hammett,

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora E Schmidt

(Address) 2925 Frederick Ave

15-MAY 11 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 11 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 4.A. m.,

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Elmer S Freeman M. D.

May 11, 1916 (Address) 412 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem

DATE OF BURIAL. May 13 1916

20-UNDERTAKER Geo J Smith

ADDRESS 1000 W Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95012 HEALTH DEPARTMENT—CITY OF BALTIMORE C95012

62

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Lyndhurst Ave ST. 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Lowe

(Residence in Baltimore: No. 2203 Lyndhurst Ave St.: 2 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD (5 LINES)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... June (Month) 18 (Day), 1859 (Year)

7-AGE, 56 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Alois Langfelder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Antonia Bindter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignatz Lowe

(Address) 2203 Lyndhurst Ave

15- MAY 11 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 191 5 to May 11 191 6, that I saw h[er] alive on May 10 191 6, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Amyotrophic Lateral Sclerosis

.....

.....

.....

.....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Stephanie Stark M. D.

....., 191... (Address) 731 Parkwood Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship	May 12, 191 6.

20-UNDERTAKER	ADDRESS
David Sondheim	118 W Mt Royal Av

95013

HEALTH DEPARTMENT—CITY OF BALTIMORE

95013

CERTIFICATE OF DEATH.

x172

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertraud Albert Rooney.

(Residence in Baltimore: No. University Hospital St.; —yrs., — mos. — 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Unknown — (Month) (Day) (Year)

7-AGE. 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman, S.S.
(b) General nature of industry, business, or establishment in which employed (or employer)..... S.S. Noya

9-BIRTHPLACE, (State or Country), Belfast Ireland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp.

(Address) Lombard St. & Greene St.

MAY 11 1916

Filed....., 191.... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture at base of skull
Caused by fall, on ship. (Accidental)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

May 11, 1916. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Belfast Ireland

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	May 11, 1916
20-UNDERTAKER	ADDRESS
Chas. J. Cook	1003 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C95014

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C95014

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 309 W. 29th St.; 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Joseph Le Doyen

(Residence in Baltimore: No. 309 W. 29th St.; yrs. 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH March 14, 1916 (Month) (Day) (Year)

7-AGE — yrs. 1 mos. 27 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md.

PARENTS

10-NAME OF FATHER Hugh Le Doyen

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Lelia V. Beach

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hugh Le Doyen

(Address) 309 W. 29th

15 MAY 11 1916 Filed ....., 191.....

HARRY C. ANDREWS
Deputy Comptroller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 11th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26th, 1916, to May 11th 1916, that I saw h[im] alive on May 11th, 1916, and that death occurred, on the date stated above, at 11.45 a m.
The CAUSE OF DEATH* was as follows:

Scarlatina

(Duration) ..... yrs. ..... mos. 18 ds

Contributory (SECONDARY) Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) W. H. Fales M. D.

May 11th, 1916 (Address) 17 E. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters | DATE OF BURIAL May 12th 1916

UNDERTAKER W. M. Gardner | ADDRESS 1624 Mt. Royal Ave.

2 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95015 — 83 — C95015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Howe

(Residence in Baltimore: No. 1314 N. Montford Ave St.; Life yrs., mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 24 (Day), 1886 (Year)

7-AGE, 30 yrs. — mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, J H D Boone

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E Mantz

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Boone

(Address) Easter Ave Hamilton Md

15- MAY 11 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 10 1916, that I saw h 22 alive on May 10 1916, and that death occurred, on the date stated above, at 8-P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

?

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Pleurisy & Phlebitis

(Duration) ? yrs. ? mos. 5 ds.

(Signed) J. H. D. Clark M. D.

May 10, 1916 (Address) St Agnes Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1314 N Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, May 13 1916.

20-UNDERTAKER William Cook

ADDRESS 501 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C95016

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

C95016

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Roland Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeannette D Davis

3-Residence in Baltimore: No. 3615 Roland ave St.; 63 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 8 (Day), 1853 (Year)

7-AGE, 63 yrs. 2 mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, James Baker

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Harriet Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Fayette Co- Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Baker

(Address) 3616 Roland Ave

15- Filed MAY 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1916, to May 10 1916, that I saw h.s alive on May 10 1916., and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Thrombosis

..... Paralysis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion from Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. L. Norment M. D.

5-11....., 191.6 (Address) 3942 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 12, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95017

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95017

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Central Av ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Thomas

(Residence in Baltimore: No. 213 N Central St., 30 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know ..... (Month) ..... (Day) 1 (Year)

7-AGE, 59 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Tyler.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elizabeth Justis.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A Thomas

(Address) 213 N. Central Av.

15- MAY 11 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1916, to May 11 1916, that I saw h[illegible] alive on May 11 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Robert J Green M. D.

May 11, 1916 (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Churchill Md — DATE OF BURIAL, May 12, 191..

20-UNDERTAKER Wm Cook — ADDRESS 502 E Hoffman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C95018 HEALTH DEPARTMENT—CITY OF BALTIMORE C95018

CERTIFICATE OF DEATH. 81

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 Gilmore ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Berney

(Residence in Baltimore: No. 842 Gilmore ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, March 1 (Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Berney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Wall

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz Longhran

(Address) 842 Gilmore ave

15- MAY 11 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from April 11 1916, to May 9 1916, that I saw h[illegible] alive on May 11 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

a Arteriosclerosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedem Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Dr Simon Lewis M. D.

May 10, 1916 (Address) 914 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Joseph Cemetery

DATE OF BURIAL, May 12, 1916

20-UNDERTAKER Wm. Cook

ADDRESS 502 E. North ave.

C95019 HEALTH DEPARTMENT—CITY OF BALTIMORE C95019

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1 On the Street Lombard & Paca ST.; WARD)
2-FULL NAME John Jacobs
(Residence in Baltimore: No. Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.—yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M.	Black	?

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 59 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Helper in Kitchen
(b) General nature of industry, business, or establishment in which employed (or employer) 87

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Felix B Pye
(Address) 102 E Mulberry St

15- MAY 11 1916 HARRY C. ADDLEMAN
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Cardiac Trouble & Asthma
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Alfred L. Disease M. D.
May 10 1916. (Coroner.) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, May 12 1916
20-UNDERTAKER Felix B Pye — ADDRESS 102 E Mulberry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PERMANENT RECORD — THIS IS A LEGAL DOCUMENT — USE INDELIBLE INK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95020

CERTIFICATE OF DEATH.

91 C95020

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 S. Bond ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leokadya Zimnoch

(Residence in Baltimore: No. 847 S. Bond St ST.; 2 yrs. 2 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 19 (Day), 1914 (Year)

7-AGE, 2 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER. Kazmiez Zimnoch

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER Pauline Nietrowska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kazmiez Zimnoch

(Address) 847 S. Bond St

15- MAY 12 1916 Filed....., 191.... ROBERT . KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8th 1916, to May 10th 1916, that I saw h in alive on May 10th 1916, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Thos. A. Dutcher M. D.

May 11, 1916. (Address) 16 N & E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	May 13 1916
20-UNDERTAKER William Frankenstein	ADDRESS 16 N. Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

Samuel A. Munroe.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95021

CERTIFICATE OF DEATH.

170 C95021

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W Biddle St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A Munroe

(Residence in Baltimore: No. 217 W Biddle St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, April 21, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rail Road
(b) General nature of industry, business, or establishment in which employed (or employer): Porter

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James A. Munroe

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia Munroe

(Address) 217 W. Biddle St.

15- FILED MAY 12 1916, 191... ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1916, to May 9 1916, that I saw h.. alive on May 9 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Hepatitis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. H. Singer M. D.

May 9, 191 6 (Address) 120 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int. Auburn Cem.	May 12th, 1916.
20-UNDERTAKER George H. Holland	ADDRESS 511 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95022 C95022

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Penn, ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther LaBar.

(Residence in Baltimore: No. 1111 Penn ave St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 1855, 1
(Month) (Day) (Year)

7-AGE, 60 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook 916
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Benjamin Buckley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mariah Powell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus LaBar

(Address) 108 Freedman st

15- MAY 12 1916 ROBERT . KRAUTER, Registrar.
Filed ..... 191.. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5th 1916, to May 11th, 1916, that I saw h[illegible] alive on May 12th, 1916 and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Incipient Tuberculosis

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) A. Lee Ellis M. D.

May 11th, 1916, (Address) 927 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, May 14 191.6

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Martha Noele

C95023

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

C95023

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1609 Marshall St.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha Noele

(Residence in Baltimore: No. 1609 Marshall St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 5, 1842 (Month) (Day) (Year)

7 AGE: 74 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland Balto.

PARENTS

10 NAME OF FATHER: John Williamson

11 BIRTHPLACE OF FATHER (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Dickerson

13 BIRTHPLACE OF MOTHER (State or country): Dickerson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myrtle Brown

(Address) 1609 Marshall St.

Filed MAY 12 1916, 191

ROBERT . KRAUTER, Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 11th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18th, 1916, to, May 11th 1916, that I saw her alive on May 6th, 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

General debility

(Duration) 1½ yrs. mos. ds

Contributory (SECONDARY) Bed Sores - bronchitis

(Duration) yrs. 1 mos. ds.

(Signed) Emma N. Brune M. D.

May 11th, 1916 (Address) 1223 S. Liberty St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: May 13, 1916

20 UNDERTAKER: Mrs. J. E. Evans & Sons ADDRESS: 1428 S. Charles St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Georgianna Thomas.

C95024

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95024

CERTIFICATE OF DEATH

100

PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 559 Baker ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Georgianna Thomas

(Residence in Baltimore: No. Lifetime 559 Baker St. St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE Col

5-~~SINGLE~~, MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word) Married

6-DATE OF BIRTH Sept 15 1869, 1 (Month) (Day) (Year)

7-AGE 46 yrs. 8 mos. 4 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER William P. Benson

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Britten

13-BIRTHPLACE OF MOTHER (State or country) Too unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John P. Benson

(Address) 604 Collett St

MAY 12 1916
Filed 191

ROBERT J. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 11, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1916, to May 11 1916, that I saw h[illegible] alive on May 11, 1916, and that death occurred, on the date stated above, at 7 45 4m.

The CAUSE OF DEATH* was as follows: Tonsilitis and Septic poisoning

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY) Asthma

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed), Jay Kastein M. D.

May 11, 1916 (Address) 2008 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL May 16, 1916

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2311 Division St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95025 C95025

CERTIFICATE OF DEATH.

17

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Druid Hill ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wormley

(Residence in Baltimore: No. 1410 Druid Hill Ave St.; 10 yrs.. mos.. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, August 10, 1851
(Month) (Day) (Year)

7-AGE, 64 yrs. 9 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country) Simpsonville Howard Co Md

PARENTS.

10-NAME OF FATHER, Isaac Holland

11-BIRTHPLACE OF FATHER (State or Country) Simpsonville Howard Co Md

12-MAIDEN NAME OF MOTHER Nellie Hanibal

13-BIRTHPLACE OF MOTHER (State or Country) Simpsonville Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Swann

(Address) 1410 Druid Hill Ave

15- MAY 12 1916 ROBERT , KRAUTNER,
Filed....., 191...6th I.M. permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26th 1916, to May 10 1916, that I saw her alive on May 9 1916, and that death occurred, on the date stated above, at 4.15 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis (Bright's Disease)

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) N.E. Carmichael M. D.

May 10, 1916. (Address) 136 N. Mason St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sauer Calvert	May 12, 1916
20-UNDERTAKER	ADDRESS
Mrs Robert A Elliott	506 Rogers Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C95026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C95026

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel F. Porter

(Residence in Baltimore: No. 1401 Poplar Grove St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ...Mar.... (Month) ....(Day) 1879 (Year)

7-AGE, 37 yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter- 32d
(b) General nature of industry, business, or establishment in which employed (or employer). House.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wallace Porter

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) 17 Calhoun

15- Filed MAY 12 1916, 191.... ROBERT KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1916, to May 10 1916, that I saw h[im] alive on May 10 1916, and that death occurred, on the date stated above, at 6[45] a. m.

The CAUSE OF DEATH* was as follows:

....Croupous Pneumonia

.....

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C W Hoffman M. D.

May 12, 191.. (Address) 2100 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	May 12, 1916.
20-UNDERTAKER	ADDRESS
Robert Brooks Son	Calhoun Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

095027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Robt Garrett Hospital St.; 19 Ward)

REGISTERED No. C 95027

(If death occurred in a hospital or institution, give its NAME instead of street and number and ward. Do not No. 19.)

2-FULL NAME Henry Walsh

(Residence in Baltimore: No. 1932 Hollins St.; Life time)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jany 25, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or ...mins.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Infant (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ferdinand Walsh

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Ruxsey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Walsh

(Address) 1932 Hollins St

15-Filed MAY 12 1916 191... ROBERT . KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to May 11 1916, that I saw him alive on May 10 1916, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Congenital debility

(Duration) ...yrs. 3½ mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) R. Fuller Manning M. D.

5/11..., 1916 (Address) 200 E. Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. 1 mo. 9 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1932 Hollins St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, MAY 12 1916

20-UNDERTAKER Geo A Gerber ADDRESS Baltimore

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-13-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95028

CERTIFICATE OF DEATH.

6 C95028

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Decker ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Kelley

Residence in Baltimore: No. 625 S. Decker ave St.; 1 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 26, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William J. Kelley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary May Conroy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Kelley

(Address) 625 S. Decker Ave.

15- Filed MAY 12 1916 191... ROBERT, KRAUTER, Vital Records Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1916, to May 11 1916, that I saw him alive on May 10 1916, and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Mastoiditis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) A. B. Vitner M. D.

May 11, 1916 (Address) 303 N. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, May 12, 1916

20-UNDERTAKER John C. Moran & Sons ADDRESS Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95029

CERTIFICATE OF DEATH.

104 C95029

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 13 Ward)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Forsyth
(Residence in Baltimore: No. 2320 McCulloh St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 8 (Day), 1874 (Year)

7-AGE, 42 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md Balto

PARENTS.

10-NAME OF FATHER, David J. Forsyth

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Lees.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp

15 MAY 12 1916 ROBERT . KRAUTER,
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1916, to May 11 1916, that I saw her alive on May 11 1916, and that death occurred, on the date stated above, at 10 32 m. p.

The CAUSE OF DEATH* was as follows:

Bronchitis & Pneumonia Edema

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W Edwards M. D.

May 12, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 2320 McCulloh St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, May 13, 1916

20-UNDERTAKER, Chas. G. Black — ADDRESS 1201 E. Mulberry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95030 C95030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1614 Thames St ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Skuzinski

(Residence in Baltimore: No. 1614 Thames St ..St.; yrs., Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov. ....., 1909
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..6..yrs...5...mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... School

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Paul Skuzinski

11-BIRTHPLACE OF FATHER (State or Country), Russia Polland

12-MAIDEN NAME OF MOTHER Aleksandra Gysko

13-BIRTHPLACE OF MOTHER (State or Country), Russia Polland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Skuzinski

(Address) 1614 Thames St

15- MAY 12 1916 ROBERT , KRAUTER,
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ....., 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Leary Jr. Coroner. M. D.

May 12 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	May 12 1916
20-UNDERTAKER	ADDRESS
Jacob Frankowski	428 S. Bond St.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95031

C95031

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2 Mercy Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Wilhelmina Satchel

(Residence in Baltimore: No. 644 Greenmount Ave St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, May 7, 1896
(Month) (Day) (Year)

7-AGE, 19 yrs. 6 mos. 3 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private 870

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Edward Satchel

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Bettie Godfrey

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Wilmot

(Address) 644 Greenmount Ave

15- Filed MAY 12 1916 ROBERT , KRAUTER, Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1916, to May 10 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Extreme Rheumatism

(Duration) ..... yrs. 1 mos. 15 ds.

(Signed) Edward P. Hunter M. D.

May 14 191 6 (Address) 1611 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. 1 mos. 10 ds. In the State 2 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 644 Greenmount Ave

Former or usual residence 644 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 12 1916
20-UNDERTAKER	ADDRESS
Felix B Dyer	1028 Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C95032

CERTIFICATE OF DEATH

103

C95032

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 626 George ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lydia Ankward

(Residence in Baltimore: No. 626 George St.: 12 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ..... (Day) 18?? (Year)

7 AGE: 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook P 626
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9 BIRTHPLACE (State or country): Salem N J

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Ankward

(Address) 626 George St

MAY 12 1916 Filed ....., 191.

ROBERT . KRAUTER, Burial Permit Clerk.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 1916, to May 10 1916, that I saw her alive on May 10 1916, and that death occurred, on the date stated above, at 3301 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Gastro-Enteritis

..... (Duration) ..... yrs. 9 mos. 7 ds.

(Signed) J C Stewart M. D.

May 12, 1916. (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: MAY 13 1916, 191

20 UNDERTAKER: Samuel J Hensley

ADDRESS: 5787 Biddle

Spec.—8-24-14—M. & T.—2000 Blks.

C95033

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95033

CERTIFICATE OF DEATH.

137

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Wareholz

(Residence in Baltimore: No. 331 S Robinson St. St.; —yrs., —mos. —ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, October 21, 1887
(Month) (Day) (Year)

7-AGE, 28 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. H. Bayless

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary C. Stricklous

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAY 12 1916 ROBERT , KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 11 1916, that I saw h[illegible] alive on May 11 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Uterine Infection following delivery by Instrument

(Duration) yrs. 7 mos. 11 ds.

CONTRIBUTORY (Secondary) General Septicemia

(Duration) 0 yrs. mos. 7 ds.

(Signed) Edward J. Senft M. D.

May 11, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 331 S. Robinson St

Former or usual residence 331 So. Robinson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	May 13, 1916

20-UNDERTAKER E. A. Fitzpatrick ADDRESS 2453 Booth Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95034

CERTIFICATE OF DEATH.

C95034

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Ryan

(Residence in Baltimore: No. (Usual) 6 Foxhall Ave Roxbury Mass St.; .....yrs. .....mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1893
(Month) (Day) (Year)

7-AGE, 23 yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Crew Leader
(b) General nature of industry, business, or establishment in which employed (or employer): R R

9-BIRTHPLACE, (State or Country), Massachusetts

PARENTS.

10-NAME OF FATHER, Charles Ryan

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Mary Cary

13-BIRTHPLACE OF MOTHER (State or Conntry), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ryan

(Address) 6 Foxhall Ave Roxbury Mass

15- MAY 12 1916 ROBERT , KRAUTER,
Filed....., 191..... Registrar. Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5/11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/10 1916, to 5/11 1916, that I saw h(im) alive on 5/11 1916, and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:

.....

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Wm Stein M. D.

5/11, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 3 ds. In the State .....yrs. 1 mos. day ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 6 Foxhall Ave Roxbury Mass.

19-PLACE OF BURIAL OR REMOVAL. Boston Mass. DATE OF BURIAL. May 12, 1916

20-UNDERTAKER John Kavanaugh ADDRESS 907 Hollis St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95035

CERTIFICATE OF DEATH.

45 C95035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3138 O'Donnell ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Moore Rumsey

(Residence in Baltimore: No. 3138 O'Donnell St. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan (Month) 25 (Day), 1845 (Year)

7-AGE, 71 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Chester Co., Pa.

PARENTS.

10-NAME OF FATHER, James Davis

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Elizabeth Brommell.

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Daml L. Armstrong

(Address) 3138 O'Donnell St.

15- MAY 12 1916 ROBERT , KRAUTER, Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23 1915, to May 11 1916, that I saw her alive on May 10 1916, and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Abdominal Sarcoma

Sarcoma of Kidney (Duration) — yrs. 5/12 mos. — ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) — yrs. 6 mos. — ds.

(Signed) William N. Johnson M. D.

May 12, 1916 (Address) 2017 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oxford, Pa. DATE OF BURIAL, May 15, 1916

20-UNDERTAKER Finkler & Finkler ADDRESS 1737 E. Eager

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C95036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

C95036

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Gough ST.; W WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry S. Weishuman

(Residence in Baltimore: No. 1913 Gough St.; ....yrs.,....mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 27th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Woodson D. Weishuman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bertha Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Woodson D. Weishuman

(Address) 1913 Gough St.

15- MAY 13 1916 HARRY C. ANDREWS
Filed....., 191....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9" 1916, to May 11" 1916, that I saw h[illegible] alive on May 11" 1916, and that death occurred, on the date stated above, at 12.00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elizabeth Lohentan M. D.

May 11" 1916 (Address) 2109 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	May 15, 1916
20-UNDERTAKER Lilly & Zieler	ADDRESS 4008 Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec... 24-14—M. & T.—2000 Blks.

C95037

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95037

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 404 S. Wolfe ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kantorski.

(Residence in Baltimore: No. 404 S. Wolfe St.; 25 yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 6, 1890 (Month) (Day) (Year)

7-AGE, 25 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Employed in Factory
(b) General nature of industry, business, or establishment in which employed (or employer): Marberg Plant

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Kantorski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Antonette Lewandowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kantorski

(Address) 404 S. Wolfe St.

15- Filed MAY 13 1916 101..... HARRY C. ...ES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 5 1916, to May 10 1916, that I saw her alive on May 9 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Phthisis Florida

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY. (Secondary) Pleurisy

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo. G. Blades M. D.

May 13, 1916. (Address) 1432 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Stanislaus Cem	May 13, 1916.
20-UNDERTAKER Lilly & Miller	ADDRESS 403 S. Wolfe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C95038 C95038

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 N. Calvert ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archibald Stewart

(Residence in Baltimore: No. 2001 N. Calvert St. St.; 28 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. November (Month) 21st (Day), 1875 (Year)

7-AGE. 40 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co

9-BIRTHPLACE, (State or Country), Q. C. Co. Maryland

PARENTS.

10-NAME OF FATHER, Wm. D. Stuart

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Matilda Montell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Matilda Montell

(Address) 2001 N. Calvert St.

15 MAY 13 1916 Filed....., 191.....

HARRY C. ANDRES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to May 1916, that I saw him alive on May 11 1916, and that death occurred, on the date stated above, at 9.35 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 20 (Reported to State) till Jan 1916

CONTRIBUTORY (Secondary) Myocardial insufficiency

(Duration) ....yrs.....mos. 1/2 ds.

(Signed) E. C. Hebbard M. D.

May 12, 1916 (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State ..... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 13, 191.6

20-UNDERTAKER, Stewart & Bowen Co — ADDRESS 108 W. North Ave.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95039 C95039

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Bruce ST.; 21 WARD)

2-FULL NAME Henry L. Whatley (Wheatley)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1111 Bruce St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Eastern Shore Md

PARENTS.

10-NAME OF FATHER, Henry Whitly

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER Dont Known

13-BIRTHPLACE OF MOTHER (State or Country), Dont Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wheatley

(Address) 1111 Bruce St

15- MAY 13 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10 1916, to May 10 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) O. B. Hooker M. D.

May 11, 1916 (Address) 742 S. Bradford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount auburn — DATE OF BURIAL, May 13..., 1916.

20-UNDERTAKER John H Owens — ADDRESS 1112 Druid Pl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C95040

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

C95040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S Fremont Ave St.: 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josie Mallon

(Residence in Baltimore: No. 23 S Fremont Ave St.: 32 yrs. ..... mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... May (Month) ..... 1 (Day), 1884 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. ..... mos. 12 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Nurse

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Fuller

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sophie Schreiner

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophie Fuller

(Address) 23 S. Fremont Ave

15- HAM [illegible]

Filed MAY 13 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 6, to May 11 1916, that I saw h[illegible] alive on May 11 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

.....

.....a) Pulmonary Tuberculosis

..... (Duration) 1 yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Wm. A. Whitney M. D.

5-12-, 1916. (Address) 1504 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem't	May 14 1916
20-UNDERTAKER, Robt E Turner	ADDRESS 1844 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96041

CERTIFICATE OF DEATH

64

C95041

REGISTERED No. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 E Preston - St. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2. FULL NAME Samuel N. Radcliffe

(Residence in Baltimore: No. 1516 E Preston - St.; 10 yrs. 6 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: May (Month) 5 (Day), 1856 (Year)

7. AGE: 60 yrs. — mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Bartgis Bro

9. BIRTHPLACE (State or country): Maryland

PARENTS

10. NAME OF FATHER: Samuel Radcliffe

11. BIRTHPLACE OF FATHER (State or country): Maryland

12. MAIDEN NAME OF MOTHER: Hannah A Daffin

13. BIRTHPLACE OF MOTHER (State or country): Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pauline B. Radcliffe

(Address) 1516 E Preston St

15. Filed MAY 13 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 11 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 27th, 1916, to, May 11 1916 that I saw h[illegible] alive on May 11th, 1916, and that death occurred, on the date stated above, at 2.17 a.m.

The CAUSE OF DEATH* was as follows:

1. Chronic Nephritis
Arterio Sclerosis

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) — yrs. — mos. 11 ds.

(Signed) Lane J Dietz M. D.

....., 191..... (Address) 1516 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 13, 1916

20. UNDERTAKER: Keller Bros

ADDRESS: 1422 N. Broadway

Spec.—8-24-14—M. & T.—2000 lbs.

C95042

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95042

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant McGowen

(Residence in Baltimore: No. University Hosp St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 4 (Month) 22 (Day), 1916 (Year)

7-AGE, ...yrs.....mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bernard Buchears

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Sarah McGowen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-MAY 13 1916 HARRY C. [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-27 1916, to 5-11 1916, that I saw her alive on 5-11 1916, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Suffocation

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature birth - 8 hrs

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas G Reese M. D.

5-11-, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, V[illegible]

DATE OF BURIAL, ...191...

20-UNDERTAKER Commissioner Health

ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

C95043

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95043

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH St. Elizabeth's House

CITY OF BALTIMORE: (No. 8 St Paul St. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Bayer Brown

(Residence in Baltimore: No. St. Elizabeth House St.; 2 yrs., 5 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Child

6-DATE OF BIRTH, May 12, 1913 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 5 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Elizabeths House

(Address) St. Paul St.

15-MAY 13 1916 HARRY O. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 6 1915, to May 10 1916, that I saw h in alive on May 10 1916, and that death occurred, on the date stated above, at 9 30a m.

The CAUSE OF DEATH* was as follows:

Alimentary Decomposition

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 3 mos. yrs. ....mos. ....ds.

(Signed) Dr Irvin E Mayer M. D.

5/11, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191...
20-UNDERTAKER	ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PENCIL OR PEN.

THIS IS A PERMANENT RECORD

Commissioner of Health

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

C95044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C95044

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Preston St. ST.; 8 WARD) REGISTERED No. C

2-FULL NAME John A. Eppley

(Residence in Baltimore: No. 1528 E Preston St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 9 (Day), 1843 (Year)

7-AGE, 73 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer): 25

9-BIRTHPLACE, (State or Country), York Pa.

PARENTS.

10-NAME OF FATHER, Wm. Eppley.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo A. Eppley

(Address) 2019 N Charles St

15-

Filed MAY 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1. 1916, to May 11. 1916, that I saw h[illegible] alive on January 1. 1916, and that death occurred, on the date stated above, at 11:0 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Diagnosis
Carcinoma of Stomach (Pylorus)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] Hartman M. D.

May 11, 1916. (Address) 1121 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL, May 15, 1916

20-UNDERTAKER Wm Cook. ADDRESS 502 E. North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74

C95045

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Washington ST.; 2 WARD)

REGISTERED No. C

2-FULL NAME Charles G. Xylander.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 120 S. Washington St. 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 10 (Month), (Day), 1845. (Year)

7-AGE, 71 yrs. 2 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER. Geo. Xylander.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Xylander.

(Address) 120 S. Washington

15- MAY 13 1916 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 10 1916, that I saw him alive on May 10 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 2 mos. ds.

(Signed) Geo. Heller M. D.

May 11, 191 6 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwarz Cem. DATE OF BURIAL, May 13, 1916.

20-UNDERTAKER Tom Cook ADDRESS 1028 E York

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95046

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95046

CERTIFICATE OF DEATH.

× 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Thomas,

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... May ..... 13 ....., 1900
(Month) (Day) (Year)

7-AGE, 16 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Servant
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Spruce

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lizzy Hardin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St.

15 MAY 13 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 11 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1916, to May 11 1916, that I saw h[illegible] alive on May 11 1916 and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis as a sequence

..... (Duration) One Year yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edith L. Smith M. D.

May 11, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. 16 mos. ..... ds.

Where was disease contracted, if not at place of death? Guilford Md.

Former or usual residence Guilford, Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, May 13, 1916

20-UNDERTAKER Geo. A. Gerber ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95047 C95047

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S Fulton Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hagerty

(Residence in Baltimore: No. 19 S Fulton Ave St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1883 (Year)

7-AGE 83 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bernard Hagerty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Hagerty

(Address) 19 S. Fulton ave.

15- MAY 13 1916 HARRY C. ANDREWS

Filed....., 191....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to May 11 1916, that I saw h- alive on May 10 1916, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 11, 1916. (Address) 1 W Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 13, 1916.

20-UNDERTAKER P. J. M. J. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C95048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C95048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST.; 10 WARD) REGISTERED No. C

2-FULL NAME Mary O'Neill

(Residence in Baltimore: No. 1031 Forrest St. St.; 36 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Dont Know (Month) (Day), (Year)

7-AGE. 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Thomas Byrne

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Proctor

(Address) 1031 Forrest Place

15-

Filed MAY 13 1916, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to May 10 1916, that I saw h[illegible] alive on May 10 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows: Chr. Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

May 10, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 36 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1031 Forrest St

Former or usual residence 1031 Forrest St.

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. May 13, 1916.

20-UNDERTAKER P J McDonnell

ADDRESS 1423 Eutaw St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C95049 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C95049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Padare

(Residence in Baltimore: No. Little Sisters of the Poor St.; 46 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, François Reede

11-BIRTHPLACE OF FATHER (State or Country) Bohemian

12-MAIDEN NAME OF MOTHER Catherine Lotra

13-BIRTHPLACE OF MOTHER (State or Country) Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- MAY 13 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Record~~ 191, to ..... 191, that I saw h[er] alive on May 9th 1916, and that death occurred, on the date stated above, at 1½ a.m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral apoplexy

1 month (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) P. H. Warner M. D.

May 11, 1916. (Address) 1133 Hull St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. ..... mos. ..... ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 13, 1916.

20-UNDERTAKER N. C. Wakefield — ADDRESS 214 Gramont Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C95050

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95050

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1st St Infirmary Wolfe & Eastern Ave

CITY OF BALTIMORE (No. 529 S Chapel St ST.: 2 WARD)

REGISTERED No. C 95050

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Gruboski

(Residence in Baltimore: No. 529 S Chapel St St.; yrs., 7 mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 12, 1909.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 3 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Stanislaus Gruboroski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Apolonia Rusca

13-BIRTHPLACE OF MOTHER (State or Country), Austrian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Gruboroski

(Address) 529 S. Chapel St

15-

Filed MAY 13 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell by Accident—Train ran over body

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. Lynn Smith M. D.
(Coroner)

May 12 1916 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus,	May 15, 1916.
20-UNDERTAKER M. F. Sadowski	ADDRESS 705 S. Ann

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 23rd DAY July OF 1964 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH C 91700 Reg JAN 27, 1916 AND ENDING WITH C-95050 -Reg. MAY 13, 1916 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L. Pryor

END OF REEL